



THE SEVENTY-THIRD

ANNUAL REPORT

UPON THE

HEALTH OF LEICESTER,

For the Year 1921,

BY

C. KILICK MILLARD, M.D., D.Sc.,

*Medical Officer of Health; Medical Superintendent of the City Isolation
Hospital and Sanatorium; Chief Administrative Tuberculosis Officer.*

INCLUDING

REPORT of the TUBERCULOSIS OFFICER.

REPORT on the CITY HOSPITAL and SANATORIUM.

REPORT of the PUBLIC ANALYST.

REPORT of the CHIEF INSPECTOR.

REPORT of the FOOD INSPECTORS.

LEICESTER:

THE BLACKFRIARS PRESS, LTD., 17-23 ALBION STREET.

Staff of the Health Department.

Medical Officer of Health and Medical Superintendent of the City Hospital and Sanatorium.

C. KILLICK MILLARD, M.D., D.Sc.

Assistant Medical Officers.

Tuberculosis Officer and Assist. M.O.H.

WYVILLE S. THOMSON, M.D., D.P.H.

Maternity and Child Welfare Officer ... MARY H. WILD, M.B.

Resident Medical Officer City Hospital

and Sanatorium SIDNEY SCOTT, M.C., M.B.

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Food Inspectors MARTIN TYLDESLEY.^{1, 2}

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District Inspectors T. BENT.¹

H. STOKES.¹

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T. HINES.¹

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W. C. LONG.¹

Matrons.

City Hospital and Sanatorium ... Miss E. A. DAVIES, R.R.C.⁷

Maternity Home ,, HILDA MASON.^{5, 7}

Day Nurseries ,, ALICE M. MASON.⁷

Health Visitors.

Superintendent MRS. REED.^{5, 6}

District Health Visitors Miss L. WALKER.⁵

MRS. WILLIAMS.⁵

Miss M. SHELLEY.⁵

,, E. M. CRAGG.^{5, 6, 7}

,, C. B. ELLIS.^{1, 5, 6}

,, L. WRIGHT.^{5, 6}

,, J. SHANNON.^{1, 6}

,, A. ROCK.⁵

Health Visitor in charge of Bathing

Station MRS. H. HARTSHORN.

Manageress of Milk Depot : MRS. E. STANION.⁶

Tuberculosis Nurses MRS. CLARKE.⁷

Miss SANSOM.⁷

Clerical Staff.

Sanitary Office T. P. POYNOR.

C. H. LANGRAN.

M.O.H.'s Office G. B. NEALE.

LT. G. L. EVATT,¹

D.C.M., M.M., C. de G.

Tuberculosis Dispensary Miss GRANT.

City Hospital and Sanatorium ... Mrs. ADAMS.

1. Holds Certificate of the Royal Sanitary Institute for Inspector of Nuisances.

2. Holds Certificate of the Royal Sanitary Institute for Inspector of Meat, &c.

3. Holds Certificate of the Sanitary Inspectors' Examination Board for Sanitary Inspector.

4. Holds Special Certificate of the Sanitary Inspectors' Examination Board for Inspector of Meat, &c.

5. Holds Certificate of the Central Midwives' Board.

6. Holds Certificate of the Royal Sanitary Institute for Health Visitor.

7. Holds Certificate as fully Trained Nurse

CITY OF LEICESTER.

HEALTH COMMITTEE.

Chairman :

ALDERMAN WINDLEY, J.P.

Vice-Chairman :

MR. WILFORD.

ALD. BANTON, J.P.	MR. HAND
MR. BIGGS, J.P.	„ HIGGINSON
„ BOND, C.M.G.,	ALD. HILL, J.P.
F.R.C.S.	MR. HINCKS, J.P.
ALD. CHAPLIN, J.P.	MR. JOHNSON
DR. DONALD	„ PERKINS
MR. FOLWELL	ALD. SQUIRE
„ FRY	MR. WALKER
„ GEARY	

*Now elected M.P. for East Leicester.

The Committee meets every alternate Friday in the Committee Room, Town Hall, at 3-30 p.m.

The Health Committee, together with the following co-opted members, not being members of the Town Council, constitute the Statutory Maternity and Child Welfare Committee:—Mrs. Bond, J.P., Mrs. Cooper, Mrs. Murby, Mrs. Taylor.

The Committee is divided into the following Sub-Committees:—

- Isolation Hospital, Sanatorium, and Dispensary.
(Chairman, Ald. Windley.)
- Health Inspection and Accounts. (Chairman, Mr. Geary.)
- Maternity and Child Welfare. (Chairman, Mr. Wilford.)
- Maternity Home Management. (Chairman, Mr. Hand.)
- Day Nurseries Management. (Chairman, Mr. Fry.)

SUMMARY OF STATISTICS

FOR THE YEAR 1921.

CITY OF LEICESTER.

Population at Census, 1921	...	...	...	234,190
„ (estimated) at Mid-year 1921	...	...	...	237,900
(after correction for holiday makers)				
Marriages	...	...	...	2,378
Marriage-rate	...	...	...	20.0
Births	...	...	...	5,097
Birth-rate	...	...	...	21.42
Deaths (corrected for transferable deaths)	...	...	...	2,877
Death-rate	...	...	...	12.09
Infant Mortality (per 1,000 Births)	...	...	...	85.9
Zymotic-rate	...	...	...	.53
Diarrhoea-rate	...	...	...	.12
Respiratory-rate	...	...	...	1.68
Cancer-rate	...	...	...	1.29
Tuberculosis-rate	...	...	...	1.47
Phthisis-rate	...	...	...	1.16

Area of City (in acres)	...	...	...	8,582
Number of persons per acre at Census, 1921	...	...	...	27.2
Number of persons per Tenement at Census, 1921	...	...	...	4.28
Number of Inhabited Tenements, Census, 1921	...	...	...	54,657
Number of Empty Houses, July, 1921	...	...	...	69
Rateable value (November 1st, 1921)	...	...	...	£1,217,477
Rates in the £:	1920-21		1921-22	
	s. d.		s. d.	
Poor Rate	...	2 10	...	3 6
General District Rate	...	13 0	...	13 2
(1d. in £ produces £4,462)				

		England & Wales	96 Great Towns (Population exceeding 50,000)	148 Smaller Towns (Population 20,000 to 50,000)
		(For comparison)		
Birth-rate	...	22.4	23.3	22.7
Death-rate	...	12.1	12.3	11.3
Infant Mortality (per 1,000 Births)	...	83	87	84

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TOWN HALL, LEICESTER,

APRIL, 1922.

**To the Chairman and Members of the Health Committee and
of the Maternity and Child Welfare Committee.**

LADIES AND GENTLEMEN,

I beg to present to you my Annual Report on the Health of Leicester for the year 1921. In accordance with instructions issued by the Ministry of Health the Report has been kept as concise as possible with a view to economy in printing, and unnecessary detail has been avoided.

The Census taken at midsummer, 1921, revealed the fact that the population of the City had been over-estimated by about 8,500.

The general death-rate was 12.09, which, with the exception of the previous year's figure, is the lowest rate on record. Indeed, if the death-rate for 1920 be revised to correct for the over-estimate in population the death-rate for 1921 becomes actually the lowest on record. The infant mortality was only 85.9, which is the lowest figure ever recorded. How satisfactory this figure is is shown by the fact that only twice before, viz., in the two previous years, has the infant mortality rate ever fallen below 100. This succession of low figures certainly points to a permanent improvement in the conditions of child life in Leicester.

Less satisfactory is the record as regards phthisis. Although below the average for recent years, the number of deaths from pulmonary tuberculosis shows an increase on the figure for 1920, viz., 278 against 255.

The number of births, which had increased in 1920, showed a decline, being only 5,097, as compared with 5,905.

The marriage-rate also fell off somewhat, being 20.0, as compared with 22.7 in the previous year.

As regards zymotic diseases, there was only one death recorded from scarlet fever, two from enteric fever, and seven from measles. There were 28 from diphtheria, six from puerperal fever, and 33 from whooping cough. Leicester again escaped an outbreak of smallpox, although a localised outbreak occurred in the village of Enderby, just outside the City boundary.

In view of the continued increase of cancer a notice has been issued warning against delay in seeking skilled advice in the early stages.

A campaign in favour of clean milk has been instituted in Leicester. The fact that the Government are now prepared to grant special licences to milk producers who produce really clean or uncontaminated milk, which licence entitles them to put a distinctive label on their milk and to sell it at an enhanced price, has rendered the production of such milk a business proposition. There is reason to hope that this campaign will lead to far-reaching improvements in the methods of milk production.

My best thanks are due to my colleagues on the staff of the Health Department, to the members of the Committee, and lastly to Alderman Windley, the veteran Chairman of the Committee, who has now completed half a century of service on the Town Council, and made the furtherance of Public Health in Leicester the chief interest of his life.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. Killick Millard

Medical Officer of Health.

Medical Officer of Health's Report

FOR THE YEAR 1921.

PART I.

STATISTICAL.

Population.

The Census was taken in June, 1921, i.e., at the middle of the year, instead of at the end of the first quarter as is usually the case. The population of the City of Leicester on that date was found to be 234,190.

This is less by several thousand than was anticipated. For the previous year, 1920, the population as estimated by the Registrar General was 245,465, and there were apparently good reasons for thinking that this was not an over-estimate. Thus, the population in 1919, as estimated from the number of sugar cards issued in that year, was approximately 240,000. Secondly, it seemed reasonable to assume—in view of the fact that owing to the housing shortage much overcrowding existed—that the number of persons per house would be at least as great as at the previous Census in 1911, viz., 4.41, and multiplying the number of occupied houses by this factor gave a figure above the Registrar-General's estimate. However, we now know the truth, and it appears that in spite of such overcrowding as exists the average number of persons per house in Leicester is only 4.28, or less than it was ten years ago. The explanation of this reduction probably lies in the reduced birth-rate and in the consequent smaller number of children per family.

Yet a third consideration which seemed to justify the Registrar General's estimate was the fact that the "natural increase" of the population—i.e., the excess of births over

deaths—during the ten years, 1911-1920, amounted to 15,169, which, added to the Census population of 1911, gave 242,411. On the basis of the new Census figures we can only assume that more people have left Leicester than have come to Leicester; in other words, that emigration has exceeded immigration; yet this is so contrary to the usual experience of large prosperous industrial centres, such as Leicester has been during the past decade, that it is difficult to understand it.

Owing to the Census being taken in summer, instead of in spring as is usually the case, there is no doubt that more people than usual would be away on holidays, and thus would escape being enumerated in Leicester. In confirmation of this it was found that the population of holiday resorts was unusually high. To compensate for this source of error the Registrar General has allotted an additional 3,910 to Leicester, making the estimated population for 1921 237,900, and it is on this figure that the vital statistics of the year have been calculated. In view of the somewhat considerable over-estimate of the population, it seems desirable to revise the population figures for the intercensal years, and this has been done in Table 15.

Marriages, 2,378; Marriage-rate, 20.0.

During the year 2,378 marriages took place in Leicester, as compared with 2,788, 2,518, and 2,030 in the three previous years. It will be seen that the number of marriages, which increased considerably in the first two years after the war (1919 and 1920) has begun to decline. The number is still considerably greater than in the two years preceding the war.

During the four pre-war years, 1911-14, the average annual number of marriages in Leicester was 1,904; during the four war years, 1915-1918, the average was 2,180; and during the three post-war years the average has been 2,561.

In spite of the number of young men who lost their lives in the war it cannot be said that the war has reduced the number of marriages. Neither would it seem that the housing shortage is really deterring young people from getting married.

Of course, many of the young men who married during the war afterwards got killed, and this must be allowed for, but

there can be no doubt that it is the increased number of marriages which partly at least accounts for the shortage in the number of houses.

Births.

The number of births during the year, after making the usual corrections for institutions, was: Males, 2,650; females, 2,447; total, 5,097. The figures for the preceding two years were 5,905 and 3,774, whilst the average for the war years was 4,117. It will be seen, therefore, that whilst there was a substantial reduction in 1921 as compared with 1920, the figure was still much above the figures prevailing during the war, when, as was only natural, a great decrease took place. As a matter of fact, the figure is now nearly up to the pre-war level.

The *birth-rate* was 21.42 per 1,000 population.

Still-Births.

One hundred and twenty-seven still-births were notified, viz., 61 by doctors and 66 by midwives. This is equivalent to 2.4 per cent. of the live births, but the number reported is no doubt incomplete.

Illegitimacy.

The number of illegitimate births was 309. This, unfortunately, is an increase on previous years, the highest figure previously recorded being 268 in 1920. I am unable to account for the increase, and can only hope it is mere coincidence. There has not been a tendency for the number of illegitimate births to increase in Leicester either during or since the war, beyond what can be accounted for by increase in population. The illegitimate births last year amounted to 6.0 per cent. of the total births. Fortunately, the mortality among illegitimate infants was remarkably low during the year. As we are now giving special attention to the visitation of illegitimate births this fact is cause for satisfaction.

As the result of a special investigation which we carried out in 1920, we found that about three-fifths of the illegitimate births were ordinary cases of seduction; one-fifth were "co-

habitation" cases (i.e., the parents were living together as man and wife but were not legally married), whilst another fifth were "unclassified," e.g., married women where the husband was not the father of the child, or women who had had more than one illegitimate child—not always by the same man—and who did not fall into the second group.

Illegitimacy is a great evil, and is due to a variety of causes. Personally, I wish very much that children born out of wedlock could be legitimatised by the subsequent marriage of their parents, as is the case in Scotland, and as was proposed in the Bill recently before Parliament.

Deaths.

The number of deaths registered (after corrections for institutions and "transferable" deaths) was: males, 1,441; females, 1,436; total, 2,877. This compares with 2,874, 3,083, and 3,883, in the three previous years. It is certainly a remarkable coincidence that there should only have been a difference of *three deaths* in the two years 1921 and 1920.

The *death-rate* was 12.09. It will be remembered that last year the death-rate, calculated on the estimated—and as we now know—excessive population, was 11.70, which we acclaimed as by far the lowest ever recorded. The death-rate for last year, in the light of the population as revealed by the census, should have been 12.13, but this figure would still have been a record, as the previous lowest figure was 12.40 in the year 1910. In any case we have now beaten our own record, for the second year in succession.

A very low death-rate in any one year is always a matter for satisfaction, but it is tempered by the reflection that the number of deaths may mount up in the following year. When the rate remains unusually low for two or three years, as has now been the case in Leicester, it affords much stronger and very real grounds for congratulation.

Infant Mortality.

The number of deaths of infants under one year of age was 438, as compared with 528 in the previous year. The infant mortality, which is calculated per 1,000 births, was

only 85.9, which again establishes a record, being quite the lowest rate we have ever known.

In the year 1919 the infant mortality for the first time fell below 100, being 98.0; and in 1920 it was only 89.4. Last year's figure is therefore again most gratifying.

Such a result is all the more remarkable in that last summer was unusually hot and dry, and in former years such a summer was usually accompanied by a heavy infant mortality from epidemic diarrhoea.

Without wishing to claim this remarkable saving of infant life as all due, or even primarily due, to the active work now being done in Leicester for infant welfare, we may reasonably regard it as being partly due to it. The great reduction already effected should encourage us to go forward with a view to still further reduction.

Twenty years ago the average rate of infant mortality in Leicester was double what it was last year.

The following figures show the infant mortality in Leicester in successive quinquennial periods, and it must be admitted that they are very remarkable:—

Period.	Average Infant Mortality.		
1892-1896 ...	...	...	194.4
1897-1901 ...	...	...	189.2
1902-1906 ...	...	...	158.1
1907-1911 ...	...	...	128.5
1912-1916 ...	...	...	115.1
1917-1921 ...	...	...	97.3
1921 ...	...	...	85.9

Infant Mortality Amongst Illegitimate Infants.

As already mentioned there were 309 illegitimate births. The number of deaths of illegitimate infants was 32, which is equal to an illegitimate mortality rate of only 103 per 1,000. This is quite the lowest rate on record, the previous lowest being 129 in 1914. Frequently the mortality amongst illegitimate infants is over 200. A few years ago 103 would have been considered a very favourable rate even for legitimate infants.

WARD STATISTICS.

(See Tables 1-5).

Population.

Thanks to the Census we now know more or less accurately what the population of each municipal ward in the City really is. In Table 1 are given side by side the figures for the 1911 and 1921 Census, showing both the number of inhabited tenements and the actual population. The actual term used is not "inhabited tenements" but "structurally separate sets of premises intended for habitation," and it is explained that this may be defined as "any room or set of rooms having separate access to the street or common landing or staircase." It is probable that at the time the 1921 Census was taken there would be a considerable number of houses returned as two separate tenements owing to their being shared by two families, which ordinarily would have been returned as only one house. It is important to bear this in mind, as otherwise the figures would be unintelligible.

Where the number of separate tenements has increased, as is the case in 14 of the 16 wards, it may be attributed either to (1) increased number of houses due to building operations, or as already stated to (2) increase in the number of houses where part of the house is sub-let unfurnished, and thus counting as two tenements. Owing to the acute housing shortage which now prevails it is probable that (2) is an important factor, and accounts for the position of those wards, viz., St. Margaret's, Charnwood, Wycliffe, De Montfort, and the Castle, where an increase in the number of separate tenements actually coincides with a decrease in the number of persons.

These five wards are all situated centrally in the City, where there has been little or no building of houses. On the other hand, in all the wards on the outskirts where building has taken place, an increase in population has occurred, thus: Westcotes, increase 913; The Abbey, 716; Belgrave, 825; West Humberstone, 1,712; Spinney Hill, 637; Knighton, 1,341; Aylestone, 1,233.

Whilst the population has declined in most of the central wards, there are two exceptions, viz., Wyggeston and Latimer, which have increased by 900 and 577 respectively.

In these wards a certain number of old houses, unoccupied at the previous Census, have been brought into occupation again, and other houses have no doubt been shared by two families. It is to be feared that serious congestion of population exists under present conditions in these two wards.

Sex Distribution.

One other point may be referred to, viz., the proportion of the sexes in the different wards as revealed by the last Census. In every ward there is an excess of females over males. The wards with the highest percentage of females are Knighton and De Montfort, 57; and Wycliffe and St. Martin's, 56. On the other hand the wards with the lowest percentage are Latimer and Wyggeston, 52. The difference is not great but is of some interest. It probably depends to a large extent upon the social character of the district and the keeping of domestic servants, or of female assistants who "live in."

Death-rate.

This was the highest in Wyggeston, with 32.0; Wycliffe, 28.5; Newton, 26.0; Latimer, 25.9; and lowest in De Montfort, 12.6; Knighton, 13.7; Westcotes, 16.5; and Aylestone, 18.2.

Infant Mortality.

The highest figures were in St. Margaret's, 154; St. Martin's, 152; Belgrave, 120; and De Montfort, 118. The lowest rates were in Wycliffe, 30 (a very remarkable figure); Knighton, 53; Westcotes, 59; and Spinney Hill, 61.

Phthisis-rate.

The worst wards were St. Martin's, 2.6; Newton, 2.1; St. Margaret's, 1.8; whilst the best were Knighton, 0.4; Westcotes, 0.6; and Spinney Hill and Charnwood, 0.8. Phthisis is too often associated with poverty and bad social conditions.

Average Rates.

A surer guide to the relative healthiness of different districts than the annual rate is the *average* rate, say for five years. The average rates will be found arranged in Table 3.

It will there be seen that the highest average death-rates have been in Wyggeston, St. Martin's, Newton, and St. Margaret's; whilst the lowest have been in Knighton, Westcotes, Spinney Hill, and the Abbey.

The highest average birth-rates have been in Wyggeston, Latimer, Wycliffe, and the Castle; the lowest in De Montfort, Knighton, Westcotes, and Spinney Hill. As is well known, the birth-rate varies more or less inversely with social status, though there are sometimes exceptions.

The highest average rates of infant mortality have been in St. Martin's, Wyggeston, St. Margaret's, and Newton; and the lowest in Knighton, Wycliffe, Westcotes, and Spinney Hill. There is a high degree of correlation between birth-rate and infant mortality: where the one is high the other is usually high, and vice versa; but in Leicester there is one very notable exception. Thus, De Montfort, with the lowest average birth-rate (viz., 11.1) has quite a high rate of infant mortality, viz., 114. It is difficult to account for this. Is it that the inhabitants do not want babies, and do not understand how to look after such babies as are born? Knighton, although its birth-rate (11.7) is about the same as that of De Montfort, has an infant mortality of only 52, or less than half that of De Montfort. De Montfort, largely a residential district, has actually a higher infant mortality than Belgrave or Aylestone, both working class districts with a far higher birth-rate! I have commented on this subject in previous years.

I would suggest to the mothers in De Montfort Ward that they should attend one or other of the Schools for Mothers in Leicester, even though they may have to go some little distance to reach one.

MALIGNANT DISEASE: CANCER.

During the year there were no less than 307 deaths registered due to cancer and other forms of malignant disease (viz., 119 in males and 188 in females). This is actually the largest number on record. Two hundred and eighty-four of the deaths were in persons over 40 years of age. As the total number of deaths over 40 years was 1,808, it follows that, on an

average, 15.7 per cent., or one death in every $6\frac{1}{2}$, was due to cancer. This brings out very strikingly how terribly common cancer has become as a cause of death after middle age. Phthisis only caused 278 deaths; pneumonia, 207; apoplexy, 184; and "old age," 229.

The mortality from cancer has been increasing more or less for the past 25 years.

This is brought out by the following figures:

Total Number of Deaths from Cancer in Leicester.

Year.	Deaths.		Rate per 100,000 population.		Percentage of total deaths all ages.	
1896	...	102	...	52	...	3.1
1901	...	161	...	75	...	7.8
1906	...	168	...	76	...	5.0
1911	...	236	...	103	...	7.7
1916	...	228	...	100	...	7.3
1921	...	307	...	129	...	10.6

This alarming increase in cancer is not at all peculiar to Leicester, but has been general throughout the country and, indeed, throughout most civilised countries. In the United Kingdom the cancer mortality has nearly doubled in the past 20 years, and over 50,000 persons now die annually from cancer. To a certain extent no doubt this increase may be accounted for by the fact that as the mean duration of life has increased, more people now live to reach the period of life when cancer prevails. Obviously, there would be very little cancer if nobody lived to be middle-aged, and conversely the more people there are who attain middle-age the more will there be who are attacked by and who die from cancer.

But the increase in the amount of cancer is much greater than can be accounted for in this way, and we have to admit that for some reason or cause, which hitherto has baffled all efforts to discover it, cancer is on the increase.

It is of interest to consider the organs or parts of the body chiefly affected, and this is shown for last year's deaths in the following table:—

CANCER DEATHS IN 1921.

Classification According to Organs Affected.

Alimentary Tract—

Month	...	...	...	...	7	
Tongue	...	...	...	...	4	
Pharynx	...	...	...	...	4	
Aesophagus	...	...	...	...	13	
Stomach	...	...	...	...	37	
Bowels	...	...	...	...	38	
Rectum	...	...	...	...	38	141
Liver	...	...	...	...	...	24
Pancreas	...	...	...	...	...	7
Bladder	...	...	...	...	...	11
Larynx	...	...	...	...	...	7

Female Organs—

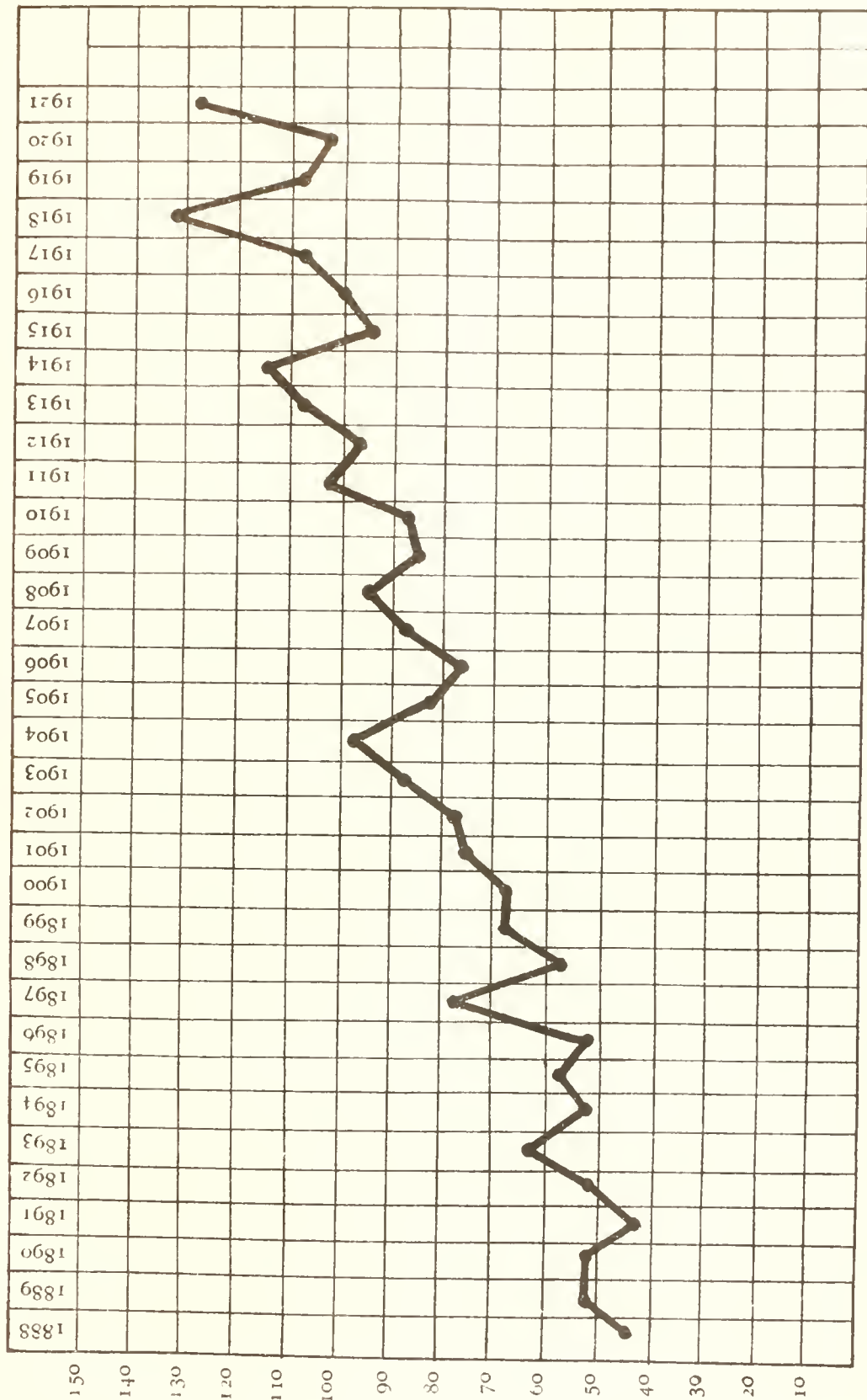
Breast	...	...	...	...	36	
Uterus and other organs of generation	...	...	...	...	44	80
Other organs and parts	...	...	...	...	37	
						307

It will be noticed that the alimentary tract accounts for about half the total, and probably this is a reason why so many theories have been put forward suggesting that errors of diet or feeding are responsible for the increase of cancer. The large number of cases of cancer of the female generative organs is also very noteworthy and accounts for cancer being so much more common in women than in men.

On the other hand cancer of the tongue, though not common, nearly always occurs in males. Thus 30 deaths which occurred in Leicester in the years 1910-13, were all but one in males; and of the four cases last year all were in males. It has been suggested that irritation caused by smoking and spirit drinking, to both of which habits men are more addicted than women, may account for this great preponderance.

CANCER DEATH RATE IN LEICESTER, 1888-1921.

PER 100,000 POPULATION.



This Chart shows graphically the serious increase in Cancer which has been taking place during the past 34 years.

Classification of Cancer Deaths According to Age and Sex.

	Males.	Females.	Total.
Under 40 years of age ...	7	16	23
From 40 to 60 years ...	43	71	114
Over 60 years ...	69	101	170
All ages ...	119	188	307

It will be noticed that the number of deaths before the age of 40 years is insignificant, being less than 10 per cent.; also that the female deaths greatly predominate at each age-period.

Cancer is such a terrible disease, and one so greatly dreaded, that the increase which is taking place is necessarily very disquieting. It would be an immense step forward if we could really discover the cause of this increase. The Imperial Cancer Research Institute has for years been studying the subject, and has examined every aspect in the hope of finding a clue, but so far practically none of many suggested causes which have been put forward has been found to bear examination. It is, of course, easy to point out that the increase in cancer has coincided with some change in diet or human habits, but such an association does not prove a relationship of cause and effect, and on scientific investigation all these theories have hitherto broken down.

As we do not know the real cause of cancer, further than that almost any form of *chronic* irritation seems to predispose to cancer, we cannot advise as to means for *preventing* cancer. The question remains, however, whether something may not be done by instruction of the public to minimise the ravages of this disease; and in one definite direction there is no doubt that something can and should be done. Whilst no specific cure for cancer has yet been discovered—in spite of all the legion of remedies which have for a time been boomed as specific—cancer can very frequently be extirpated or entirely removed by a surgical operation. In its earliest stages cancer is always a *localised disease*, confined to the part or organ first attacked. Sooner or later it extends, involves neighbouring tissues and parts, or spreads by means

of the lymphatics and reappears in some distant organ. So long as the disease is strictly localised to the part first affected, an operation may be, and often is, quite successful. The whole of the disease can be removed and no recurrence take place. But in too many cases skilled advice is not sought or a diagnosis is not made soon enough, and when the operation is at last performed, it is often impossible to extirpate the whole of the disease and then recurrence or recrudescence sooner or later does take place.

In recent years attempts have been made, and with some apparent success, to destroy the cancer cells *in situ*, without cutting out the cancer, by means of X-ray or radium. This method is certainly hopeful, but as yet it is still in the experimental stage.

The Health Committee decided, after very careful consideration, to issue a warning notice to the public embodying what has been said above, and pointing out the very serious danger of delay when cancer has once appeared. A leaflet, giving some of the common early symptoms of cancer which ought to arouse suspicion as to the nature of the trouble, has also been prepared, and is to be issued to anyone applying for it, and it will also be distributed by the Health Visitors, etc.

A copy of this Notice and Leaflet will be found in the Appendix, pp. 79-82.

This action which we are taking in Leicester is probably as far as we can go locally. But it ought not to stop at this. A suggestion has recently been made that the Government should appoint a Royal Commission to investigate the whole question of cancer, and in view of the magnitude of the problem and its vital importance to human welfare, such a proposition seems an eminently wise one.

DENTAL CARIES.

Influence on Health of Bad Teeth.

Dental caries is so terribly common amongst the present generation that people are apt to accept it as a natural and necessary evil. Also its familiarity is apt to breed contempt.

Yet it is well-known that decayed teeth are a most fruitful cause of bad health, and that when, as is too often the case, the trouble begins in and continues through childhood, the whole constitution may be undermined. We cannot expect to raise an All population of men and women if we neglect the children's teeth. Yet the very magnitude of the problem is apt to stagger us and make us regard it as almost hopeless. Thus, the School Medical Officer (Dr. Allan Warner), reports that no less than 2,999 school children were found, in the course of medical inspection during 1921, to have four or more decayed teeth.

Two full-time dentists are now employed by that Committee and during the year 7,278 children were inspected by them as regards their teeth, and 5,727 actually received treatment. In addition to the benefit directly resulting from the work done, good should also result from educating parents to the importance of attending to their children's teeth.

Work of the Special Clinics for School Children.

Having referred to the good work of the Education Committee in connection with children's teeth, I should also like to express appreciation of all the other excellent work being done for the health of school children by the School Medical Department, under Dr. Warner. At one time the medical inspection of school children was criticised and said to be largely ineffective and useless because, after defects were discovered, no provision was made for remedying them. No such criticism can now be made so far as Leicester is concerned. In addition to the dental clinics, special clinics have been provided for defects of the eyes, ears and throat, and skin, and some thousands of children received treatment. Without these clinics very many of these children—probably the majority—would have received no treatment and their subsequent health would in consequence have suffered.

No doubt the carrying on of these treatment clinics costs money, just as does medical inspection—to which they are the natural and logical corollary—but it is money well spent. The health of a nation is a nation's most precious asset and nothing is so wasteful as ill-health. Wise expenditure, therefore, in improving the health of the rising generation is true economy.

PART II.

Prevalence and Control of Infectious Diseases.

Smallpox and Vaccination.

Another year has passed without a case of Smallpox having occurred in Leicester. The last death from smallpox in Leicester was in the year 1905. Since then, 16 years ago, there has been no smallpox in Leicester, with the exception of a solitary imported case, which occurred in 1913, and from which no spread occurred.

It would not have been surprising if the disease had been imported during the past year, because a limited outbreak of smallpox—of a very mild type—was in existence at the neighbouring City of Nottingham. Moreover, an outbreak actually did occur just outside the City boundary at the village of Enderby. This outbreak was traceable to contact with a Nottingham case, an Enderby woman having slept, when at the seaside, in a bed just vacated by a Nottingham woman, who, as was afterwards discovered, was suffering from an unrecognised attack of smallpox. Unfortunately, the first case at Enderby was mistaken by the medical attendant for chickenpox, and some delay occurred in consequence in notification. Meanwhile no special precautions were taken and a number of persons were exposed to infection. Once the case was discovered, prompt and active measures were taken by the M.O.H. for the district (Dr. J. E. O'Connor) and only one other case—a member of the same family—occurred.

As the practice of Leicester in the presence of smallpox is somewhat different from that usually pursued in most towns, it may be worth recording that no attempt was made, either on account of the continued existence of the disease at Nottingham, or of its appearance on our very borders, to "work up" a vaccination scare with a view to frightening people to get vaccinated irrespective of any special need for it.

The view your M.O.H. holds is that whilst vaccination is undoubtedly of the very greatest value in helping to control smallpox, it should be applied with some discrimination. A rough and ready analogy may be drawn between the use of vaccination in fighting smallpox and the use of a fire engine in fighting a fire. It may be necessary to turn the hosepipe on adjacent premises, but it would be rather drastic to soak the whole town whenever a fire occurred. Whenever a case of smallpox occurs in Leicester, every effort is made to secure the immediate vaccination of all who are known to have been in contact with the disease. On an average, perhaps a dozen persons at most require vaccination under this system for each centre of infection. In addition, all the staff whose duties may bring them into contact with the disease, ought undoubtedly to be vaccinated. This seems to the present writer to be a more reasonable method of utilising vaccination than the attempt, usually made in other towns, to get the whole population—or as large a proportion of it as possible—vaccinated as soon as a smallpox case occurs. When this latter course is taken—and it is quite orthodox practice to do so—the remedy may very easily be worse than the disease. Especially is this so if the type of smallpox we are dealing with is very mild: as has been the case fortunately with most recent outbreaks in this country. In the Nottingham outbreak, about which so much was heard in the press, and the cost of dealing with which must have been considerable owing to the large amount spent on vaccination, not a single case proved fatal.

Smallpox Contacts.

On several occasions during the year information was received from Port Authorities of passengers destined for Leicester, who had landed from ships on which a case of smallpox had occurred during the voyage. Such "contacts" were personally supervised by Chief Inspector Braley, who has had long and exceptional experience in this work. Had any of these developed the disease we should, in all probability, have been able to isolate them before any serious mischief had been done. It is only right to point out that the great majority of these cases (i.e., persons returning to this country from abroad) are found on inquiry to have been successfully vaccinated within the last few years, in which case they are immune from smallpox, and further precautions

are hardly necessary. Recent successful vaccination, as I have so often insisted, is an almost absolute protection against smallpox, and in my personal experience I have never known it to fail. Persons going abroad, especially to the East, where smallpox control is very inferior to what it is in this country, are well advised to get vaccinated beforehand, irrespective of whether they have been vaccinated in childhood or not. Not only is the disease more prevalent in the East, but it is often of a far more malignant type than that which has chiefly been seen in this country in late years. To put it in another way, the danger from smallpox, and therefore the need for recent vaccination, is far greater in Egypt, India or China, than it is in this country, and it does not necessarily follow that, because it is a wise precaution for persons visiting these countries to get vaccinated, therefore every baby born in this country (where smallpox is one of the rarest diseases) should be vaccinated.

Vaccination Returns.

The figures for the year were as follows:—

Public Vaccinations, 158; Private, 76; Total, 234.

Exemptions granted, 4,662.

As 5,097 births were registered during the year, the vaccinations amounted to 4.5 per cent. of the births.

During the past 37 years the vaccinations registered have, taking the whole period, amounted to about 10 per cent. of the children born. During the past 16 years, indeed, the percentage has been only 8.8 per cent.

Scarlet Fever.

Cases notified, 714; Deaths, 1; Case Mortality, 0.1 per cent.

Cases removed to Hospital, 472, or 66 per cent.

Scarlet Fever continues to become a less and less fatal disease. Half a century ago the disease in this country was a serious menace to life and sometimes carried off several children in the same family. The case mortality has been falling steadily for many years, and a few years ago in

Leicester it had reached the 1.0 per cent. level. Last year, as shown above, there was only one fatal case amongst the 714 cases notified. This is a record.

Moreover, not only has the disease ceased to be a serious cause of death, but it only rarely now leads to those troublesome complications of ear, nose and kidneys, which used at one time to be so common.

Diphtheria.

Cases notified, 324; Deaths, 28; Case Mortality, 8.6 per cent.

Cases removed to Hospital, 274, or 84 per cent.

For the last three years diphtheria has been rather more prevalent in Leicester than in previous years. It is satisfactory, therefore, to find that last year both the cases and deaths showed a distinct decrease. A large proportion of the cases of diphtheria in Leicester are removed to hospital. The public realise the great convenience and other advantages of hospital treatment, and parents of children suffering from diphtheria are generally very anxious to have them removed to hospital. In this they are supported by the medical profession.

For the benefit of those patients who are treated at home a supply of anti-diphtheritic serum ("antitoxin") is kept at the Health Department, Town Hall, and is supplied free of charge on the application of the medical attendant. During the year 115 doses were issued.

Enteric (Typhoid) Fever.

Cases, 27; Deaths, 2; Case Mortality, 7.4 per cent.

Cases removed to Hospital, 20, or 74 per cent.

The great majority of the cases during the year occurred in a small outbreak beginning at the end of July and continuing through August and September. Thus there were 19 cases in the 5½ weeks between July 30 and September 8th. No definite cause could be discovered. Other than water supply there appeared to be no common factor connecting the cases. Fortunately the cases were not very severe.

Puerperal Fever.

Cases, 21; Deaths, 6; Case Mortality, 28.5.

The number of cases notified was rather larger than usual, but the number of deaths was about the average.

Measles.

The year previous to the one under review proved to be an epidemic year and there were 80 deaths, but last year (1921) there was no epidemic, and only seven deaths were recorded. Only four cases required removal to Hospital.

Provision has now been made for the nursing of measles cases at home by the District Nursing Association, the cost being defrayed by the Health Committee.

Measles ceased to be a notifiable disease at the end of 1919. The opinion of the Ministry of Health is that little, if any, advantage in the way of controlling the disease is to be gained by notification, and this view is endorsed by health officers generally. At the same time, the disease causes a great amount of illness and a serious loss of life amongst children and everything possible should be done to minimise its ravages.

Whooping Cough.

Like measles, whooping cough is the cause of a most regrettable loss of life in early childhood, and in addition causes serious damage, often permanent, to health. Speaking generally, the younger the child when the disease is contracted the more apt is it to prove serious. During the past five years whooping cough has caused 134 deaths, and measles 248. In the five previous years the figures were 190 and 437 respectively. It will be seen, therefore, that whooping cough is not nearly such common cause of death as is measles, and that both diseases have caused a lower mortality during the last five years.

Similar arrangements for nursing whooping cough when required have been made as in the case of measles.

Ophthalmia Neonatorum.

86 cases of ophthalmia in newly-born infants were reported, chiefly by midwives. Many of the cases were of

a very slight character and consisted of little more than a slight transient discharge. It is much better, however, that midwives should err on the side of being over-cautious. All cases reported are visited by a health visitor to ensure that adequate treatment is being obtained, and visitation is continued until the trouble is over. In only two cases did any permanent injury to the eye-sight result. In one other case the baby died. Two cases at the Poor Law Infirmary were not visited. None of the cases were admitted to hospital as in-patients, though many were treated at the Royal Infirmary as out-patients.

Register of the Blind.

At the request of the Ministry of Health the Leicester Institution for the Blind are now compiling a register of all blind persons in the City. The Health Department has been requested to furnish them with the names and addresses of any baby which is born blind or which may become partially or totally blind from ophthalmia. This we are very willing to do.

Tuberculosis.

The number of deaths registered during 1921 from all forms of tuberculosis was 351. These were made up as follows:—

Pulmonary (phthisis)	...	...	...	...	278
Abdominal (tabes mesenterica, tub. peritonitis and enteritis)	...	...	...	...	13
Cerebral (hydrocephalus, tub. meningitis)	...				31
Other forms of tuberculosis	...	...	...	...	29
Total					351

The number of deaths from pulmonary tuberculosis (the most important form), viz. 278, was rather higher than in the two previous years, but much lower than was the case during the war, when it averaged 322. Although phthisis deaths too often take place whilst the victims are still in the prime of life this is by no means always the case, as the following figures show:—

Tubercular Deaths.

Under 20 years	...	43 deaths
20—40	„	135 „
40—60	„	84 „
Over 60 years	...	16 „
		—
		278 „
		—

Thus 178, or 64 per cent., occurred in the first half of life (under 40 years), and 100, or 36 per cent., occurred in the second half (over 40 years).

The tuberculosis death rate was 1.17 per 1,000 population, and the phthisis death rate was 1.16 per 1,000.

The following figures show the position as regards phthisis mortality over a period of years.

Rate per 1,000 population.					
5-yearly period.					
1900—04	...	...	...	...	1.30
1905—09	...	...	...	...	1.33
1910—14	...	...	...	...	1.24
1915—18 (4 war years)	...	...	...	...	1.45
1919	} 3 post war years			1.11	} 1.11
1920				1.07	
1921				1.16	

It will be seen that the mortality went up markedly during the war years but that there has been a substantial drop since. The rate last year was higher than in the other two post war years, which is certainly disappointing.

The number of fresh cases of tuberculosis notified during the past year was:—

Pulmonary	...	...	497
Non-pulmonary	...	...	105
			—
Total	...	...	602

As will be seen in the Sanatorium Report, the number of patients suffering from tubercenlosis admitted to the Santorium during the year was 547. Probably about a third of these cases had been in the Institution previously, but allowing for these it is evident that a high proportion of notified cases are admitted to the Sanatorium.

In certain quarters there is a tendency to criticise the admission to Sanatorium of chronic or advanced cases of the disease on the ground that only cases where there is a reasonable prospect of recovery are worth spending money upon. This criticism ignores the fact that advanced cases of consumption in working class homes often urgently call for some form of institutional treatment owing to the accommodation at home being quite inadequate. The only alternative is for such cases to go either to a sanatorium or to the Poor-Law Infirmary. The Sanatorium at Groby Road is expressly provided with separate buildings for the treatment of both early and advanced cases of tuberculosis, so that the admission of the latter does not in any way prejudice the former. To discontinue admitting any but early cases would no doubt relieve the institution of a considerable burden, and reduce the cost of upkeep proportionately, but it would certainly inflict much hardship upon the working classes and deprive them of what is undoubtedly a great boon. Many would be forced to apply to the Guardians for admission to the Poor-Law Infirmary: others, sooner than do this, would struggle on at home till the end came, to the detriment of other members of the household. There is some difference of opinion as to the precise part played by infection as a factor in spreading this disease, but the prevailing belief is that "massive" infection, i.e., by large and concentrated doses—such as we should expect to occur where patients dying of consumption are in close contact with others—is certainly dangerous and accounts for many of the cases which occur.

Looking at the matter solely from the point of view of the local rate-payer, it is important to remember that the National Government bears half the cost of patients treated at Groby Road, but no part at all when the patient goes to the Poor-Law Infirmary.

Speaking as Medical Officer of Health, I sincerely hope that the present policy of reserving accommodation for advanced cases will be continued.

VENEREAL DISEASE.

It is now six years since the official campaign against venereal disease in this country was started. It was in 1916 that, acting upon the Report of the Royal Commission, the

Local Government Board issued an order calling upon Local Authorities to prepare schemes for dealing with this hitherto "hidden" scourge. Prior to this step no official cognisance had been taken of venereal diseases. Public hospitals and dispensaries, with few exceptions, made no provision for treating them—at least, not whilst they were in the active and curable stage—though quite a considerable proportion of patients in all general hospitals really owed their disability to some affection which is now recognised as a sequel or after-effect of venereal disease.

With the advent of the new policy all this was altered. Special V.D. Clinics, for patients of both sexes, have now been opened in practically all large towns and centres of population, and in very many of the smaller ones also. Moreover, special wards have been provided for a limited number of patients requiring in-patient treatment; and special provision has also been made for the carrying out of the delicate tests (Wassermann and other) needed for the effective diagnosis of these diseases.

At first the Clinics were confined to the Royal Infirmary, but in 1919 an additional Clinic for young women was opened at St. Mary's Home. In Leicester, V.D. Clinics are now held weekly as follows:—

At Royal Infirmary 4 Clinics for males.

At Royal Infirmary 3 Clinics for females (one reserved for married women and children).

At St. Mary's Home 1 Clinic for young women and girls.

The following figures (for the City only) give an idea of the prevalence of these affections.

New Cases of V.D. Treated at Royal Infirmary.

			Males.		Females.		Total.	
			Syph.	Gon.	Syph.	Gon.	Syph.	Gon.
1917 (3 quarters)			101	138	79	99	180	237
1918	...	...	125	184	166	90	291	274
1919	...	...	218	374	184 + 13*	35 + 18*	402 + 13*	409 + 18*
1920	...	...	205	250	181 + 27	56 + 15	386 + 27*	306 + 15*
1921	...	...	168	198	208 +	45 +	376 +	243 +

*These are the figures for St. Mary's Home Clinic but some of the cases have already been included in the Royal Infirmary figures as some of the patients go to the latter institution first and are transferred.

It will be observed that there was a very marked increase in the number of new cases, both of syphilis and gonorrhœa, in 1919, the year after the armistice, and this increase is believed to have been due to the demobilisation of the forces and to the reaction following the war. Since then there has been a decrease, especially under the head of gonorrhœa, and the decrease has been more marked in the year 1921. If this decrease represents a real diminution in prevalence, it is, of course, ground for much satisfaction, and it is only reasonable to hope and think that some diminution has occurred; there is a possibility, however, that part of the apparent decrease may really be due to a smaller proportion of infected persons presenting themselves for treatment at the Clinics. Others may be going to private practitioners or may be dispensing with proper treatment altogether. In either case, it is highly improbable that in any year all the cases, or anything like all the cases, attend the public Clinics. Owing to the special nature of venereal disease there are very cogent reasons why the sufferers should wish to avoid going to Clinics at public institutions, for in spite of the attempt made to keep the matter private and to suppress names, there must obviously be considerable risk of persons attending these clinics being recognised, either by the attendants, or by other patients.

In addition to the patients treated at the Royal Infirmary and St. Mary's Home, reference must be made to the excellent work done in the treatment of V.D. by Dr. E. C. Hadley, the Medical Superintendent of the Poor Law Infirmary at North Evington.

During the past five years the figures have been as follows :

Cases of V.D. Treated at Poor-Law Infirmary.

	Males		Females		Total	
	Syphilis	Gonorrhœa	Syphilis	Gonorrhœa	Males and Females Syphilis	Gonorrhœa
1917 ...	12	10	29	36	41	46
1918 ...	15	3	22	5	37	8
1919 ...	28	1	27	13	55	14
1920 ...	46	1	69	15	115	16
1921 ...	82	3	77	14	159	17

It will be seen that there has been a very marked increase in the number of new cases of syphilis treated at the Poor-Law Infirmary since 1919, this being quite a different experience from that of the Royal Infirmary. Dr. Hadley

informs me that he is not prepared to say that there has been a real increase in the amount of syphilis corresponding to these figures, and he suggests that it may be due to greater vigilance in looking out for the disease amongst all the patients admitted to the institution for whatever the cause. Also his two Assistant Medical Officers during the past two years have been very diligent in having the blood of patients tested (Wassermann Test) in all cases at all suspicious. In other words, the increase in numbers is probably due to improved diagnosis rather than to greater prevalence of the disease.

Some of the cases included in the above figures had previously been treated at the Royal Infirmary where they had already been reckoned, of course, as new cases.

The activity displayed by Dr. Hadley and his staff in discovering and treating these diseases at the North Evington Infirmary is highly commendable. During 1921 no less than 454 specimens of blood were sent to the Pathologist at the Royal Infirmary for the Wassermann Test to be applied, and 844 doses of antisyphilitic remedy ("Galyl") were administered.

The cost of the Wassermann Test and "Galyl" is defrayed by the Corporation as part of the V.D. Scheme for the City.

The total cost of the V.D. Scheme for Leicester for the financial year ending March 31st, 1921, was £5,289, 75 per cent. of which the Government refund to the Corporation.

The Reports for the year of the Medical Officers in charge of the V.D. Clinics follow, and a detailed statement of the work done is given in Table 12 in Appendix

A synopsis is also given below of the Annual Report of the Leicester Branch of the National Council for Combating V.D.

ROYAL INFIRMARY,

LEICESTER,

FEB. 1922.

TO THE CITY AND COUNTY COUNCILS OF LEICESTER AND
LEICESTERSHIRE.

GENTLEMEN,

I beg to report on the work of the Male Venereal Clinic at the Leicester Royal Infirmary, under the control of your Councils, and the Ministry of Health, for the year 1921.

NEW PATIENTS.—During the period under review, 505 new patients presented themselves for treatment in the Out-Patients' Clinic: 248 were suffering from syphilis and 254 from gonorrhœa, three were not clinically or pathologically suffering from Venereal Disease.

			City	County
Syphilis	...	...	168	80
Gonorrhœa	...	...	198	56

In every case the blood and discharges were submitted to Pathological and Bacteriological examination on one or more occasions for the purpose of diagnosis and test of progress towards recovery.

TOTAL ATTENDANCES.—10,792 attendances were made by the patients, 5,135 being treated for syphilis, and 5,654 for gonorrhœa, and three patients were not venereal.

No. of Attendances			City	County
Syphilis	...	...	3,875	1,260
Gonorrhœa	...	...	4,621	1,033

45 patients were proved not to be suffering from Venereal Disease after repeated tests for several months—many of these having had the disease and recovered presented themselves for proof of their recovery.

TECHNICAL APPLICATION OF SPECIAL TREATMENT.—2,064 Intravenous injections of Salvarsan substitutes were administered, being 1,406 to City patients and 658 to County patients, and 1,524 Intramuscular injections of Mercury to the syphilitic patients, viz.: 1,066 to City patients and 458 to County.

5,255 Intra-urethral irrigations were administered to the gonorrhœa patients. In addition to Penile and Prostatic massage, Instillation and Instrumentation for diagnosis and the more definite technical treatment has been given to a large proportion of these cases. This special work for both syphilis and gonorrhœa has been most carefully carried out by myself and Dr. Atkinson.

MALE IN-PATIENT DEPARTMENT.—97 patients were admitted to the wards—39 being from the City and 58 from the County of Leicester; of these 68 underwent operation requiring an anæsthetic.

15 Intra-spinal injections of Salvarsanised blood serum were given, and 10 patients were admitted for dilation of stricture of the urethra—the latter being cases who applied whilst suffering from their disease not having been previously treated at this Clinic.

Number of patients who ceased attendance before completing course of treatment:

Syphilis	...	...	...	87
Gonorrhœa	...	...	...	68

Number who ceased attending after completing course of treatment before final tests were made:—

Syphilis	...	...	...	71
Gonorrhœa	...	...	...	91

Number discharged after final test result (recovered):—

Syphilis	...	...	...	27
Gonorrhœa	...	...	...	70

Test of recovery for:—

SYPHILIS.—Wassermann negative and no clinical evidence two years after active treatment had ceased.

GOXORRHŒA.—Three microscopic examinations of smears or urine at monthly intervals after completion of active treatment with negative pathological and clinical tests.

Large numbers of patients cease attendance when their disagreeable symptoms have disappeared and before they have quite recovered. Many of these are prone to relapse and become the cause of infecting others, although partial

recovery in my opinion makes the greater number of these delinquents less dangerous than those who are never treated.

Practical means of enforcing attendance are at present impossible owing to the odium of public opinion—but everything humanly and humanely possible is done by kindly advice and scientific treatment to induce them to persevere until complete recovery results.

The accommodation remains the same as last year, as well as the time and number of Clinics. The new buildings contemplated for the exclusive use of venereal patients have not yet materialised, although I consider them necessary, so that greater privacy for patients and more facilities for highly specialised forms of treatment may be developed by the workers in the department.

The number of new patients during 1921 is about 160 less than that of 1920. The prevailing annual proportion of new patients I look upon as the numbers that are likely to be maintained under present conditions.

The years 1919 and 1920, were those when venereal disease might be expected to be abnormally high, owing to the large numbers of soldiers partly recovered being demobilised, and so large a number of young men being demobilised after years of military discipline obtaining their freedom of will to indulge their passions.

I have received every consideration and support from the Board of Governors. Dr. Maekarell, the Pathologist, has continued his most valuable assistance, not only in regard to the purely Pathological work, but also in the technical treatment of those suffering from Syphilitic Nervous Lesions. Dr. Atkinson also has continued most zealously and loyally to support me in the clinical treatment and in promoting the confidence and goodwill of the patients and the lay assistants working in the department.

My thanks are due to all my co-workers for their willing assistance, effective work and loyal support during the year.

HENRY J. BLAKESLEY, F.R.C.S., Eng.

Medical Officer of Male Venereal Dept.

REPORT OF THE FEMALE VENEREAL CLINICS FOR 1921.

During the year four Clinics have been held weekly, viz., 3 at the Royal Infirmary and one at St. Mary's Home.

The total number of new patients seen at the Royal Infirmary was 296, of which 244 were suffering from syphilis and 49 from gonorrhœa, whilst 3 cases were not V.D. About 25 per cent. of those suffering from syphilis were also suffering from gonorrhœa. 208 syphilis and 45 gonorrhœa cases and the 3 cases not V.D. belonged to the City of Leicester.

Attendances of old patients at the Royal Infirmary clinics have numbered 5,728. Compared with previous years this shows a decrease in the number of new patients. Those who have presented themselves for treatment have attended more regularly and frequently, and a larger number have been early cases of the disease. Unmarried girls, under 24 years of age, are attending very regularly at the special clinic reserved for them.

Treatment for syphilis is by :

- (a) Injection.
- (b) Medicine by month.
- (c) Inunction.

Treatment for gonorrhœa is :

- (a) General.
- (b) Local (of infected spot).

The total number of injections for syphilis given during the year (including St. Mary's Home) was 1,876.

Pregnant mothers treated during the year numbered 10. No babies born of infected mothers, who had been treated before confinement, have shown signs of the disease. Those children which were born during 1919 and 1920 have been inspected as regularly as possible. At present no sign of syphilis has been found in any child whose mother was treated before confinement. Some of these children are now between 2 and 3 years old.

Patients requiring treatment in the wards have been admitted in greater numbers. The total number of "in-patient days" was 2,156.

More use has been made of the "dressing rooms" in connection with the wards, where patients can come to be disinfected daily by the nurse in charge. Those patients who are really making a great effort to get well much appreciate this arrangement.

The question of "cure" is still a difficult one to write on, but during 1921 about 90 cases have lost all signs and symptoms of disease, but are asked to report every six months.

St. Mary's Home.

During the year 1921 the number of new cases seen at the Clinic was: syphilis 32, gonorrhœa 14; total 46.

The total number of attendances was 1,171. 16 new in-patients were admitted from the City. The total number of in-patient days was 3,240.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.),
Medical Officer of Female Venereal Clinic.

SYNOPSIS OF REPORT OF THE LEICESTER BRANCH OF THE NATIONAL COUNCIL FOR COMBATING VENEREAL DISEASE.

During the year the Executive Committee has held nine meetings.

Instruction in Sex Hygiene.

Lectures in Sex Hygiene for the scholars attending the Evening Continuation Classes have been continued on the same lines as during the previous three years. Our two male lecturers, Mr. Reynolds and Mr. Lythall, both resigned before the winter's work commenced, owing to promotion, and Mr. L. J. Stephenson and Mr. W. O. Clarke, both Council School Teachers, were appointed in their place. Altogether 57 lectures (28 to boys and 29 to girls) were delivered at 15 Centres, the total attendance being 498 boys and 650 girls, total 1,148. These figures are not nearly so large as we should like. All scholars attending the Continuation Classes to the number of 4,686, were invited, so that those who

actually attended were only one-fourth of the number who might have come. Moreover, the young people who have left the Elementary Schools but do not attend the Evening Classes have, as yet, not been approached.

Special lectures were arranged, as in past years, for the boys and girls leaving the Secondary Schools. These were given towards the end of the summer term, that for boys at Alderman Newton's School by Dr. Courtenay Weeks, Mr. Muston, Head Master of Ald. Newton's School, presiding. About one hundred boys, drawn from all the Secondary Schools, were present, and an excellent address was delivered.

The lecture for girls was again given by Miss Winifred Cullis, D.Sc., of London. Miss Caulkin, Headmistress of the Newarke Secondary School, presiding, the attendance being about 150. Miss Heron again wrote to the Hon. Sec. to express her warm approval of the lecture. Dr. Cullis, on the evening of the same day, also gave an address to the parents of the girls attending the Secondary Schools. There was a good attendance, over three hundred being present, and the address was much appreciated.

Branch Conference.

On October 13th a Branch Conference of the National Council was held at Leicester, under the chairmanship of Sir Malcolm Morris, when Branch representatives were present from Birmingham, Coventry, Derby, Hinckley, Nuneaton, Coalville, Northampton, and from the Counties of Leicestershire, Lincolnshire and Warwickshire, as well as some twelve members of the Leicester Branch.

Use of Posters.

The same procedure has been followed as in previous years by displaying posters in public conveniences. These are of two kinds: (1) A specially printed notice warning against the dangers of V.D., which is framed and glazed and permanently exhibited. These have to be renewed from time to time, in spite of the special framing, owing to the damp atmosphere. Occasionally, too, the glass has been deliberately broken. (2) Special pictorial posters which are posted up from time to time and varied so as to arouse fresh interest.

Use of the Cinema as a means of Spreading Knowledge.

The National Council for Combating Venereal Disease believes that the Cinema is quite one of the best means of reaching young people and giving them wholesome knowledge about venereal disease and the dangers of immorality. They have accordingly provided a number of propaganda films for the use of Branches. The Leicester Branch arranged for a performance of three of these films, "The Gift of Life," "The Shadow," and "Waste" to be shown at the Melbourne Cinema on October 13th, the same day as the Branch Conference of the N.C.C.V.D. was held, so as to give delegates the opportunity of being present. Invitations were issued to a large number of representative men and women, and a large audience, estimated at about six hundred, was present. Prior to the showing of the films short addresses were given by Mrs. Neville Rolfe, and our Chariman, Mr. Bond. A collection taken during the performance realised £11 11s. 0½d., which nearly covered expenses.

On February 2nd and 3rd two performances, on two consecutive afternoons, were given of the film "Damaged Goods," and good audiences were secured. Mr. Bond gave a short address on both occasions.

The first performance was given on a Thursday afternoon and shop assistants were specially invited. The second on Friday, which happened to be a school holiday, and school teachers were specially invited.

If the Cinema is really to be effective in teaching the masses it is most desirable that evening performances should be given, also matinees on Saturday afternoons, as on other afternoons working class people are unable to attend.

Finance.

During the year ending March 31, 1922, the income with balance remaining amounted to £127 19s. 4d., of which the Health Committee contributed £75. The expenditure amounted to £118 10s. 10d., and the balance remaining in hand was £9 8s. 6d., most of which was required for outstanding bills. In view of the great importance of spreading knowledge as to the dangers of V.D., the Branch is very anxious during the coming financial year to embark upon a

more active scheme of propaganda than has been possible in the past with the funds available. A request was, therefore, made to the Health Committee of the Corporation that the amount of their grant should be increased, and in compliance with this request a sum of £200 has been provided in the estimates for the purpose of financing the Branch. When it is considered that the total expenditure upon the treatment of venereal disease in the City of Leicester in the financial year, 1920-21, was £5,289, the amount which it is proposed to spend in attempting to prevent the disease can hardly be considered as excessive.

Officers.

The officers of the Branch are :

Chairman : C. J. Bond, Esq., C.M.G., F.R.C.S.

Vice-Chairman : Rev. R. Veitch, M.A.

Hon. Treasurer : Ald. J. Russell Frears, J.P.

Hon. Secretaries : Dr. C. K. Millard, Town Hall, and
Mrs. J. Billson.

PART III.

Administrative and General.

ADMINISTRATION OF FACTORY AND WORKSHOPS ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

Report of the Medical Officer of Health for the year 1921 for the City of Leicester.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors
of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	148	55	None
Workshops	259	17	None
Workplaces (other than Outworkers premises)	None	None	None
Total	407	72	None

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of Cleanliness ...	13	10	None	None
Want of Ventilation ...	1	1	"	"
Overcrowding	None	None	"	"
Other Nuisances	45	35	"	"
Sanitary Accommodation				
Insufficient	15	10	"	"
Offences under the Factory and Workshops Act ...	None	None	"	"
Total	74	56	None	None

3.—Home Work.

The number of lists received from employers was as follows :—

	Twice in the year		Once in the year	
	Lists.	Outworkers.	Lists.	Outworkers.
Wearing Apparel (making)	38	1046	19	204

4.—Registered Workshops.

The number of workshops on the Register is 702.

5.—Other Matters.

CLASS (I).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshops Acts (S. 133, 1901)	...	...	...	...	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts (S. 5, 1901)	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspector				85 75
Other	...	...	...	...	—
Underground Bakehouses (S. 101) in use at the end of the year	...	...	...	...	2

Housing of Working Classes Acts.

The following statement shows the number of houses dealt with during 1921 :

Number of dwelling houses inspected under and for the purpose of Section 17 of the Housing, Town Planning, etc., Act, 1919	...	...	...	6,671
Number of dwelling houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	215
Number of representations made to the local authority with a view to the making of Closing Orders	...	...	...	0
Number of Closing Orders actually made :—				
Housing and Town Planning Act	...	...		0

Number of dwelling houses the defects in which were remedied without the making of Closing Orders	96
Number of dwelling houses which after the making of Closing Orders were put into a fit state for human habitation	0
General character of the defects found to exist	General dilapidation and want of repair.
Number of dwelling houses in which repairs are in hand	119

In addition 246 houses were certified as filthy, under the Public Health Act, of which 152 have been cleansed.

Disinfection.

The total number of articles of clothing, bedding, etc., disinfected by steam during the year was 2,347. The number of houses or parts of houses disinfected was 2,005.

MILK AND CREAM REGULATIONS.

During the year the Public Analyst has had submitted to him 270 samples of milk. In no case did he report the presence of preservatives. He states that the practice of adding preservatives to milk has apparently died out.

The regulations as regards the labelling of preserved cream I believe are being generally observed in the City.

Housing.

The "housing question," due to the shortage of houses, still remains very acute in Leicester. Extreme hardship is undoubtedly being entailed on very many of the population, including many ex-Service men, who are unable to obtain a house and who are obliged to live "in rooms," or to share a house with someone else, often on exorbitant terms. The dangers to health and morals due to the housing shortage and the consequent over-crowding have been insisted upon in previous reports, and they are so well-known that it is hardly necessary to labour the point further.

The position on Dec. 31st, 1921, as regards new houses, may be stated briefly to have been as follows:—

Number of State-aided houses (including those built under Sec. 12 (3) of Housing and Town Planning Act but excluding those built by private persons):

(1) Already completed and occupied	392
(2) Under construction	
(a) Not yet roofed in	... 54
(b) Roofed in	... 206
	———— 260
Total	... 652

On January 1st, 1921, only one of the new houses had been occupied, so that considerable progress towards completion of the scheme has been made. The number of occupants in the 392 new houses, however, is only 1,609, which gives an average of only 4.1 persons per house. This is a little disappointing when the crowded condition of so many much smaller old houses is considered; but no doubt one explanation is that working class people with large families are not usually able to afford to live in a new and comparatively high rented house.

The type of house which is being erected under the scheme is as follows* :—

23	with four rooms
54	„ five „
558	„ six „
17	„ seven „
————	
652	
————	

On December 31st, 1921, the number of applicants still waiting for houses was 2,894 (of which 2,337 were lodgers), and as shown above there are only 260 houses still in course of erection. When these are completed there will still be 2,077 families living in lodgings and anxious to have a house of their own. If we allow 4.1 persons to the family, this represents some 8,515 persons in Leicester who are still

* Information kindly supplied by the Housing Department.

homeless. But this number only refers to those *who have applied for a new house* and who, therefore, presumably feel able to pay the comparatively high rents (from 8s. to 12s. per week *plus* rates), at which the new houses are let. Obviously there must be a very large (possibly much larger) number who are living in lodgings or sharing a house, and who would like to get a home of their own, but who have not applied for a new house simply because they know that they cannot afford one.

In the meantime the Government, in their wisdom, have stopped the provision of further State-aided houses on the ground of the high cost of building. Now that the cost of building has fallen to a much more reasonable figure it is sincerely to be hoped, in the interests of the unfortunate people who are homeless, that the Government embargo will be quickly removed so that fresh schemes for more new houses may be put in hand without further delay.

Repair of Old Houses.

Owing to the impracticability at the present time of closing houses as unfit for habitation where owners do not keep them in repair, our present procedure is to take advantage of Section 28 of the Increase of Rent and Mortgage Interest (Restriction) Act, 1919, which enacts that where the landlord, under the provisions of that Act, has raised the rent, the property must be kept in a reasonable state of repair, failing which the tenant (or the Local Authority) may apply to a County Court to have the increase in rent taken off. Without doubt, this clause is a most useful one. Our procedure where houses are out of repair now is for the M.O.H., after a personal visit to the property, to report to the Health Committee, which then authorises him to send a special letter (the form of which the Committee has approved) to the owner, informing him that in the opinion of the M.O.H. the property is not in a proper state of repair, specifying the work needing to be done, and pointing out the provisions of the Section of the Act referred to above. This course has proved in practice to be quite effective, and except in a few special cases where special difficulties existed (e.g., where the owners have no money), the property has been repaired to our satisfaction.

In the case of the owner without money, the Corporation has, in two instances executed the necessary work itself—the money so spent being a first charge upon the property—rather than let the property go out of habitation, so urgent is the need for houses at the present time.

The Value of Out-Door Recreation.

Last year attention was drawn in this report to the need for increased facilities in Leicester for out-door games and recreations, and we would again emphasise the importance of this question from the health point of view. It is not that Leicester is behind other large towns in this matter—indeed the Parks and Recreation Grounds Committee have been most active and have shown that they are fully alive to the importance of the subject and to the need for making further provision. Owing, however, to the greatly increased interest to-day, of young people of both sexes, in out-door games, the facilities that might have been adequate a few years ago are quite inadequate now. Unfortunately there are difficulties in the way of making adequate provision, not merely financial, but due to the lack of suitable land. It is a thousand pities that the Corporation were not allowed, in the past, to purchase land whenever it could be obtained at a reasonable price. To-day, suitable land—and very much more is required if the needs of the City are to be adequately met—is not easily obtained. It is true that there is great need for economy at the present time, but there can be no doubt that money spent on outdoor recreational facilities should properly be regarded as a form of health insurance, and to that extent it is true economy. Moreover, the income obtained from land laid out for recreation, such as lawn tennis, should not only pay for the cost of maintenance, but should soon go some way towards capital charges also.

It is hardly necessary to point out that the levelling and laying-out of ground for playing fields, tennis courts, etc., can, to a considerable extent, be done by unskilled labour and thus help to provide much needed work for the unemployed.

There is no doubt that to-day there is a far greater demand by the young people of Leicester for out-door recreational facilities than was formerly the case. Tennis, for

example, is becoming very popular amongst the working classes, and this is probably due, in part at least, to the higher wages earned and to the longer summer evenings. But whatever the cause it will be deplorable if the demand which has now arisen for more playing fields is not encouraged to the full. For all indoor workers out-door games are of course invaluable.

At the time of writing this, the Town Council has just decided to spend £40,000 in widening Austey Lane, a very desirable improvement in itself, but chiefly in order to provide work for the unemployed. The same amount of money spent in levelling ground for playing fields (if only the land had been available), would also have provided work for the unemployed, and would have benefitted thousands of our young people, both now and for all the years to come.

Provision of Allotment Gardens.

For that section of the population who do not care about out-door games such as football, cricket, tennis, or golf, there is no better substitute than gardening. Also, instead of costing money, it adds to income.

One of the beneficial effects arising from the war was the great stimulus it gave to the Allotment Garden movement. The introduction of "Summer Time" and the shortening of the hours of labour have also contributed, no doubt, to the present great popularity of allotment gardening. From the health point of view nothing can be better for men engaged all day in factories or workshops than working on an allotment. Not only is the direct effect upon health excellent, but there is an indirect beneficial effect by encouraging self-respect and developing character. Nor is the effect confined to the man himself. His wife and family also benefit, both through the produce of the garden, and by frequent excursions paid to the allotment ground, either to assist or only to look on.

Thanks to the efforts of the Estate Committee and of its Special Allotment Sub-Committee, under Councillor Snow, Leicester is ahead of most towns in the provision that has been made for allotments; and I believe that this is one of the factors helping to make Leicester such a healthy City. May the Committee go forward with their good work and be enabled to make still further provision.

Whilst referring to this subject one may perhaps be allowed to express a wish that the aesthetic aspect of the subject should not be entirely overlooked. Allotment gardens are inclined to be unsightly, largely owing to the nondescript character of many of the "garden houses" or tool sheds erected by the tenants. It would be an advantage if encouragement could be given for the substitution of a simple but more artistic form of building for many of the present "eye-sores."

MATERNITY AND CHILD WELFARE.

In Leicester the Statutory Maternity and Child Welfare Committee consists of the full Health Committee with four co-opted women members. The Maternity and Child Welfare Sub-Committee (Chairman, Councillor Wilford), consists of 9 members of the Health Committee with these four women members. When the minutes of this sub-committee are presented to the full committee for confirmation, the women members are invited to attend the meeting of the Health Committee and they retire as soon as the work of the Maternity and Child Welfare Sub-Committee has been disposed of. This arrangement, though a little complicated, appears to work quite satisfactorily in practice.

Special Management Committees have been appointed by the Maternity and Child Welfare Committee to control the Maternity Home (Chairman, Councillor Hand), and the Day Nurseries (Councillor Fry). There is also a Special Committee (Chairman, Councillor Johnson), for dealing with applications for assistance from necessitous maternity cases.

It will be convenient to consider the work of the Committee, as it is being carried on in Leicester, under the following heads:—

- 1.—Change of Personnel.
- 2.—Health Visitors.
- 3.—Schools for Mothers.
- 4.—Infant Clinics.
- 5.—Ante-natal Clinics.
- 6.—Infants' Milk Depot.
- 7.—Hospital Treatment for Sick Infants.
- 8.—Maternity Homes.
- 9.—Day Nurseries.
- 10.—Assistance of Necessitous Cases.

1. Staff: Change in Personnel.

Dr. Alice McElwee, the woman doctor in charge of the Maternity and Child Welfare Department, got married during the year and became better known as Dr. Alice Cox. Towards the end of the year she resigned her position in order to accompany her husband abroad. We were very sorry to lose her services, as during the 15 months that she was in Leicester she had proved herself a most capable, satisfactory and popular officer. She was succeeded by Dr. Mary Wild.

Mrs. Reed continues as Superintendent Health Visitor, and Nurse Masters, who had been employed as Health Visitor for some years by the Newton Ward Centre Committee, has now joined the Health Department Staff of Health Visitors, but continues to be attached to the work of the Highercross Street Centre. On the other hand, Mrs. Hartshorn, the Senior Health Visitor as regards length of service, has been placed on half time and devotes herself exclusively to the work of the Bathing Station for Scabies. Hence, the number of Health Visitors remains the same.

2. Work done by Health Visitors during 1921.

Visits to Birth (first visits)	4818
Re-visits to Births	16085
Visits to measles cases	249
.. .. Ophthalmia cases	288
.. .. Pre-natal cases	886
Special visits and in connection with Schools for Mothers	6794
Attendances of Health Visitors at Schools for Mothers	705
Attendances of Health Visitors at Pre-natal clinics	166
Visits to Midwives	18
.. .. Still-Births	24

Nurse Masters gives the following particulars in connection with Highercross Street (Newton Ward) Centre:—

Morning attendances at Centre	1941
Attendances at Tuesday Class at Centre	429

Each Health Visitor is attached to a School for Mothers and also has a district which, as far as possible, is in the locality of her school.

3. Schools for Mothers.

There are eleven "Schools for Mothers," which are also known as "Babies' Welcomes." Although nominally under the auspices of the Leicester Health Society, a voluntary body, the Schools are financed by the Health Committee of the Corporation, who in addition to paying rent of premises (including lighting, heating and cleaning) provide Medical Officers and lend the services of the Health Visitors. On the other hand, the Health Society provides the voluntary workers, including the Lady Presidents. No fresh "Schools" have been started during the year and none has been discontinued. The following is a list of the Schools:—

NAME.	PRESIDENT.	DAY OF MEETING.
St. Hilda's	Mrs. Marson.	Monday.
Western Road.	Mrs. Beale.	„
Curzon Street.	Mrs. Turner.	„
Aylestone Road.	Miss Windley.	Tuesday.
Bedford Street.	Mrs. Millard.	„
Wellington Street.	Mrs. Evans.	„
Wesley Hall.	Mrs. Caven.	„
Justice Street.	Mrs. Disney.	Wednesday.
Overton Road.	Mrs. Swainston.	„
Belgrave Hall.	Mrs. Mantle.	Thursday.
Clarendon Park.	Mrs. Gobey.	„
Highcross Street Centre	Mrs. Viccars,	„
		and other days.

During the year Mrs. Cuffin resigned the Presidency of Overton Road School, and Mrs. Pochin that of Western Road. Our very best thanks are due to both of these ladies for their most useful work. They were succeeded by Mrs. Swainston and Mrs. Beale. The total number of school meetings during the year was 487, and the total attendances of Mothers was 27,885.

4. Infant Clinics.

An Infant Clinic is held at each School for Mothers, once a week in the case of some of the larger schools, and once a fortnight at the others. A medical practitioner attends, and any mother attending the schools may consult the doctor about her baby, free of charge, if needing advice. Infant Clinics are also held at the Infants' Milk Depot (twice a

week), and at Newton Ward (Higheross Street) Centre. Dr. Mary Wild attends many of the Clinics but as several are held on the same afternoon, some are attended by other doctors (Drs. Frances Armitage, Gertrude Austin and the Medical Officers at the Groby Road Hospital.)

During the year the total number of sessions of the clinics in connection with the Schools for Mothers was 358, and the total attendances of infants was 4,305. In addition, 95 clinic sessions were held at the Milk Depot, the number of attendances being 2,215, whilst at Higheross Street Centre there were 52 sessions with 666 attendances. This makes a total of 503 sessions with 7,186 attendances.

5. Ante-natal Clinics.

These are special clinics for expectant mothers. When first started a few years ago the attendances were rather disappointing, but during the last two years they have become very popular and the number of women who now desire to consult the Medical Officer is sometimes more than she can conveniently manage. The ante-natal clinics are held at the Infants' Milk Depot, the Maternity Hospital, Causeway Lane, and the Maternity Home, Westcotes Drive. The two latter clinics are chiefly attended by women who have booked for confinement at those institutions.

The number of ante-natal clinics and attendances in 1921 were as follows:—

Clinic.	No. of Sessions.			No. of Attendances.		
				New Cases.	Old Cases.	
Milk Depot	...	...	40	...	149	141
Maternity Hospital	...	...	51	...	352	538
Maternity Home	...	...	44	...	262	343
Higheross Street (Temp.)	...	...	11	...	28	28
Total	...	...	146	...	791	1050

6. Infants' Milk Depot, 217, Belgrave Gate.

This has been in operation for 17 years, and continues to be extremely popular. When first started, sterilised milk was supplied in small sealed bottles, each containing

sufficient milk for one feed according to the age of the infant. This system (which had been started in this country at St. Helens) proved very costly to work, besides being unsatisfactory in other ways. At the end of 18 months it was abandoned in favour of dried milk (Hattmaker process), Leicester, I believe, being the first municipality to take up supplying dried milk on a large scale. To-day, most health authorities responsible for infant welfare schemes are using it largely, some to an even greater extent than Leicester, and the dried milk industry has grown to enormous proportions. In Leicester in the last financial year the turnover at the Milk Depot amounted to £9,783 19s. 3d., nearly all this being represented by dried milk. Whilst "Hattmaker" milk chiefly is sold, a certain amount of "Spray" milk (i.e., milk dried by the "Spray" process), and also of malted milk, is used in special cases. The aim of the Committee is that the Milk Depot should be as nearly as possible self-supporting, i.e., that it should be sold at a price just sufficient to cover working expenses.

The number of fresh cases brought to the Milk Depot during 1921 was 1,520 as compared with 1,234 in the previous year, and with 604 in 1919. The high price of liquid milk probably partly accounts for the great increase which has taken place.

Infant consultations are held at the Milk Depot (as stated above) twice a week, the total number of sessions during the year being 95, and the total attendances of infants 2,259 (an average attendance of 23.8), a slight increase on the previous year. In addition, there was an attendance of no less than 7,174 of infants brought to the Depot to be weighed or for advice apart from the Clinics.

For the financial year ending March 31st, 1922, the total payments amounted to £9,853 4s. 10d., and the total receipts to £9,815 18s. 8d., showing an excess of payments over receipts of £37 6s. 2d. In addition, milk to the value of £111 1s. 6d. was given away (free or at a reduced rate), as part of the scheme for assisting Necessitous Maternity Cases. Applications for this are submitted to the Special Sub-Committee dealing with necessitous cases. Allowing for this, the Milk Depot comes out on the right side with a balance of over £70 to the good.

I would again express appreciation of the services to the Milk Depot of Mrs. Stanion, who has been in charge ever since it was started 17 years ago, and to whose tactful and sympathetic management and good business qualities the success of the institution is largely due.

7. Hospital Treatment for Sick Infants.

As mentioned in my last report a small ward is now reserved for sick infants, and provides accommodation for 15 cots. During 1921 the number of infants admitted was 96 and the average duration of stay was 35 days. The selection of the cases for admission is made by the Maternity and Child Welfare Medical Officer. The condition which governs admission is largely the impossibility of the sick infant being properly looked after at home. A charge is made for admission of 1s. per day. In necessitous cases this may be reduced or entirely remitted. The total amount received during the financial year ending March 31, 1922, was £71 16s. 7d.

8. Maternity Homes.

There are two public Maternity Homes in Leicester: (1), The Leicester and Leicestershire Maternity Hospital in Causeway Lane, and (2), The Municipal Maternity Home, Westcotes Drive. The former is a voluntarily-supported institution and has accommodation for 21 beds. It has been open for many years and has done excellent work. Unfortunately, it is too small to meet the needs of the City and it was impossible to enlarge it. The Corporation, therefore, felt obliged to open a municipal rate-supported Maternity Home, and were fortunate in being able to purchase a large mansion, Westcotes Grange, which proved to be eminently suitable for the purpose of conversion into an up-to-date lying-in institution. Accommodation is provided for 26 beds *plus* an isolation ward for two beds.

A full description of the municipal Maternity Home was given in the last Annual Report and it is not necessary to repeat it here. During the year the number of confinements taking place in the Home was 339.

The ordinary terms for admission are £2 2s. per week. Private patients are admitted at from £4 4s. to £6 6s., per week. Patients from outside Leicester are charged a higher fee than those from the City.

As already mentioned, an ante-natal clinic is held once a week at the Home, and all expectant mothers booking for admission are advised to consult the Medical Officer who conducts the clinic.

The institution is recognised by the Central Midwives Board for the purpose of training pupils. There is accommodation for 8 pupil midwives, and the fees paid by them give substantial help towards the cost of the institution.

A detailed statement, as required by the Ministry of Health, giving particulars of the work of the Home during the year, will be found in Table 15.

An illustrated brochure giving particulars of the Home, terms, etc., has now been printed and can be obtained on application to the Matron, or from the Health Department, Health Visitors, etc.

9. Day Nurseries.

The Corporation possess two day nurseries, one in Rutland Street and one in Talbot Lane. They were both taken over from the Leicester Day Nursery Society on July 31st, 1920. The reasons and justification for this step were discussed in last year's report. It is quite recognised that the principle underlying the institution of day nurseries is unsatisfactory and open to criticism, in that it makes it easier for a mother to go out to work and leave her infant to be cared for by others. But whilst conditions of life are what they are, it is the fate of many women to be forced to go out to work, or else to resort to poor-law relief. At the Leicester Day Nurseries inquiries are made before any baby is admitted as to the causes necessitating the mother having to go to work and the Matron is instructed not to admit babies unless she is satisfied that the cause is adequate.

Although when these day nurseries were first started in Leicester the writer was not enamoured of the project, he is now satisfied that they are serving a very useful purpose.

A substantial charge is made, 10s. a week, for caring for the babies, but in necessitous cases this amount may be reduced.

The accommodation at each nursery is about 35, and during the year the total number of baby-days was:

		Whole Day		Half Day
Rutland Street	...	6268	...	1866
Talbot Lane	...	5497	...	2508

10. Assistance in Necessitous Cases.

A Special Sub-Committee, of which Councillor Johnson is Chairman, meets every Saturday morning to consider applications for Necessitous Maternity Cases. Every application has to be made in writing on a special form which has been carefully drawn up for the purpose, and which has been modified from time to time as experience has suggested. In this form, signed by the applicant, a full statement has to be made of all sources of income, together with many other particulars, such as rent, number of children to be provided for, etc. The statements made in the application form are frequently checked by reference to the employer, Board of Guardians, etc., in order, as far as possible, to ascertain their accuracy.

The following figures show the amount of assistance given during the year:—

Milk granted in 572 new cases and 782 old cases (repeated).
5276 gallons of milk were granted free.

1367 ,, ,, ,, ,, ,, at half price.

In 85 cases dried milk was granted free and in 57 cases at half price.

41 cases were admitted to Babies' Ward at reduced rate.

61 ,, ,, ,, ,, Day Nurseries ,, ,,

31 ,, ,, ,, ,, Maternity Home ,, ,,

Doctors' fees remitted in 51 cases and half fees in 27 cases.

Midwives' fees allowed in 18 cases and half fees in 37 cases.

No action was taken in 94 cases.

Bathing Station for Scabies.

It is now three years since a bathing station for scabies was started. Scabies (itch) is a contagious complaint which readily spreads amongst children, and adults are also often

infected. Whilst in the majority of cases it can be cured, usually without much difficulty, provided active and appropriate treatment is energetically carried out, it often proves very intractable where the treatment has to be carried out by a busy mother in a poor-class, overcrowded home. Every case of scabies which is untreated, or inadequately treated, is a possible source of danger to the community, and it is, therefore, to the interest of the community to provide efficient treatment and get cases cured as quickly as possible.

The bathing station provided by the Health Committee is situated at the Tuberculosis Dispensary, the top floor two rooms being reserved for this purpose. Two baths—full size and child's size—have been provided, and Mrs. Hartshorn, one of the Health Visitors (who has been in the service of the Corporation for very many years), has been placed in charge. The centre is only open in the mornings.

The following is an epitome of a Report by Mrs. Hartshorn on the work carried out during the year:—

The total number of cases treated was 261. Of these 28 were adults including 12 men and 14 women.

210 were children of school age, while the remaining 23 were infants ranging from 3 months to young children under 5 years of age.

26 of these cases were sent by medical practitioners, others from school clinics, nurses, school attendance officers and parents.

1,954 Sulphur Baths have been given and 15 were treated without baths.

233 cases have been discharged as cured; while 28 ceased attending without being discharged from here as clear.

8 boys and 6 girls, after intervals varying from 6 weeks to 6 months, have returned with recurrences of complaint.

The clothing is disinfected in a fumigating cupboard situated in the yard during the bathing process.

Medical supervision is given by Dr. W. S. Thomson.

MILK SUPPLY.

During the year an active campaign has been instituted in Leicester in favour of "clean milk." It is well known that cow's milk, as hitherto supplied to the public in this country, cannot be justly described as "clean." It is a common experience with most milk supplies to find a considerable quantity of visible blackish sediment at the bottom of the milk jug, such sediment consisting of particles of dirt which have gained access to the milk, either at the time of milking or subsequently. This visible dirt is present in spite of the "straining" of the milk after milking, which removes most of the coarser particles. But in addition to the visible contamination, a large amount of the dirt which gets access to milk remains in solution and is, therefore, invisible. This invisible dirt is indicated and can be approximately measured by the number of bacteria present in any given sample. These can readily be counted, by using suitable laboratory methods, in spite of the enormous numbers often present.

It is quite possible, if the ordinary dirty and careless methods of dairying be replaced by special up-to-date cleanly methods, to produce really clean milk, i.e., milk into which no dirt is allowed to gain access. Such milk, if put up in sterilised bottles, will keep sweet for several days, even in summer time, and without any heating or pasteurisation. Moreover, in addition to being "clean," milk should be free from the danger of containing the germs of tuberculosis. Yet tuberculosis is so common in cows that under present circumstances many milk samples are found to contain tubercle bacilli.

When we consider that a large proportion (from 30 to 80 per cent.) of the tuberculosis of bones and joints in children (the chief cause of crippling in children), is associated with the bovine type of tubercle bacillus (which must have gained access to the child's system somehow), the probability is very strong—indeed the conclusion is almost irresistible—that the source of infection in most cases is milk.

This danger from milk can be met in several ways:

1. By the use of dried milk. There are obvious limitations to the use of this.
2. By the use of pasteurised milk.
3. By the use of clean raw milk from tubercle-free herds.

As regards the use of pasteurised milk, its hygienic and nutritive value is regarded as being distinctly less than raw milk, but until really uncontaminated and safe raw milk is obtainable, pasteurised milk is the next best thing.

It would clearly be to the ultimate advantage of the farmer to free his herd from tuberculosis (apart from the advantage to the consumer), but it is not easily accomplished and involves considerable initial trouble and expense. Moreover, certain difficulties in connection with the application of the tuberculin test to cattle are proving rather a stumbling block. As this question is now exercising the attention of the Government it is unnecessary to discuss it further here. At present it is almost too much to expect a farmer to be at the expense of freeing his herd from tuberculosis unless he can thereby obtain a better price for the milk of the herd.

It is probable that tubercle bacilli gain access to the milk in two ways (1) direct from the udder of the cow, especially where the udder is itself affected with the disease, but not necessarily only in such cases. (2) By means of the particles of manure which, in ordinary methods of milking, get into milk in very considerable quantities. It has been proved that cows suffering from tuberculosis of the lungs will excrete tubercle bacilli with their dung.

Certified Milk.

There can be no reasonable doubt as to the great hygienic value of "clean" tubercle-free milk, and the Ministry of Health, with a view to encouraging the production of such milk, have made an entirely new departure by agreeing to grant a special licence to dairymen who comply with the requisite conditions and pass the necessary tests. This has been provided for under the Milk (England and Wales) Order, 1921. Such licensed producers are entitled to label their milk as Grade A (Certified) or Grade A, as the case may be, and thereby to obtain a special price for it.

The conditions on which these licences will be granted are set out in Forms H.M.L. 6 and 7, issued by the Ministry of Health. They are too lengthy to be reproduced here, but the chief provisions may be summarised as follows:—

“Grade A Milk.”

1. Every cow in the herd must have passed the tuberculin test (details of the tests and how to be applied are given).

2. The milk must be produced under such conditions that when the farm is inspected at least 300 out of a possible 500 marks are obtained, and at least 250 of the 300 marks must be for “methods” as distinct from “equipment.” The marking is done on a special and carefully elaborated “Inspection Report Card” on which a specified number of marks are allotted under each heading and sub-heading. The inspection is made by an Inspector of the Ministry of Health. When a licence has been granted further inspections are made from time to time, and when the requisite number of marks is not obtained the licence is liable to be withdrawn.

3. The milk must be cooled on the farm and be consigned to the consignee in an unventilated sealed container, bearing a descriptive label with the address of the farm, the day and time of production, and on which the words “Grade A Milk” are painted in white two-inch letters. Such Grade A milk may either go direct in the sealed churns to some large consumer, e.g., a hospital, or it may go to a dealer who must also be licensed, and who will bottle it in special bottles which have been sterilised before use and which are sealed with special caps bearing the designation “Grade A Milk” and the day of production.

“Grade A (Certified) Milk.”

The conditions for licences for selling Grade A (Certified) Milk are very similar to the above, but in addition the milk must be bottled on the farm, and furthermore it must pass a bacterial test, not more than 30,000 bacteria per 1 c.c. being allowed.

At present those who are licensed to sell “Certified” milk have a monopoly and are asking high prices, but there are a number of producers of Grade A milk who are selling at a much lower price. There are cases where Grade A milk is sent direct to large institutions in sealed churns, and for which only 3d. per gallon is charged above the retail price of ordinary milk.

CREMATION.

The number of cremations during the year at the Crematorium at Gilroes was 36 as against 32 in the previous year.

APPENDIX I.

REPORT OF THE TUBERCULOSIS DISPENSARY

For 1921,

By WYVILLE S. THOMSON, M.D., D.P.H., Edin.

Tuberculosis Medical Officer.

Staff.

The medical work has been carried on as formerly by Dr. Thomson, with the assistance of two full-time nurses, Nurse Sansom* and Nurse Clarke. The clerical work—very much increased during the last year or two—is in the capable hands of Miss Grant.

*Resigned 4th February, 1922.

Number of Notifications and Deaths.

There has again been a great reduction in the number of persons notified as suffering from Pulmonary Tuberculosis during the year 1921, though the number of Non-Pulmonary cases has considerably increased, owing to large numbers of notifications being received from the Royal Infirmary during the early months of the year.

The numbers for the past four years are:—

1918	...	Pulmonary,	746;	Non-Pulmonary,	82
1919	...	..	658;	..	47
1920	...	..	572;	..	59
1921	...	..	497;	..	105

There has, however, been an increase in the number of deaths from Pulmonary Tuberculosis, though the Non-Pulmonary deaths are almost identical.

The figures for the past four years are:—

1918	...	Pulmonary,	316;	Non-Pulmonary,	82
1919	...	..	264;	..	62
1920	...	..	255;	..	72
1921	...	..	278;	..	73

The Dispensary as a Centre for Diagnosis.

The medical men of the City, as well as the general public, still take full advantage of the Dispensary as a "Centre for Diagnosis." During the year under consideration 273 cases were sent by doctors for an opinion, and quite a large number of persons not under medical attendance were examined if there was any suspicion of tubercle. In addition, Dr. Thomson, as Medical Referee to the Pensions Committee, examined a considerable number of ex-Soldiers, either suffering from, or with symptoms suggestive of Tuberculosis, besides re-examining and reporting on a very large number of other cases.

Examination of contacts has been continued as formerly, and as far as time has permitted, those with symptoms at all suggestive of Phthisis, have been examined.

Chest Examinations.

The following figures give the number of chest examinations:—

		Men	Women	Children	Total
First Examinations	...	288	229	139	656
Re-examinations	...	403	140	52	595

Bacteriological Work.

There has again been a considerable increase in the number of specimens of sputum examined at the Dispensary. 651 specimens were examined for medical men against 551 in 1920, and 181 specimens were obtained from persons examined at the Dispensary as compared with 167 in 1920.

Number of Patients Treated at Dispensary.

The number of patients in receipt of treatment at the Dispensary has been gradually reduced. Insured patients are now generally put on Domiciliary treatment under their Panel doctor, and kept under the supervision of the Tuberculosis Officer, who receives reports on their condition quarterly. Treatment by drugs is being discouraged, but all patients are advised to call periodically for advice. Most of the patients at present on treatment are non-insured, who can ill afford to pay privately for medical attention.

Patients remaining December 31st, 1920	...	93
New Patients Admitted	...	70
Patients Discharged	...	96
Patients remaining December 31st, 1921	...	67

Of the 67 patients on the books at the end of the year, all but one were adults, of whom 25 were at work and 42 were unfit for work.

The total number of patients attending the Dispensary during the year was 7,656, an increase of 569 over 1920.

Results of Treatment.

The following Table gives the results of Dispensary Treatment:—

	Much Improved.	Improved.	No Improvement.	Worse.	Total.
Stage I. ...	17	8	8	0	33
„ I.-II. ...	6	16	8	0	30
„ II. ...	5	16	6	0	27
„ II.-III. ...	0	1	1	0	2
„ III.... ...	1	1	1	1	4
Total ...	29	42	24	1	96

Sleeping Shelters.

Seven persons have had the use of shelters:—1 for under 12 months, 3 for over 12 months, 1 for over 3 years, 1 for over 4 years, 1 for over 8 years.

Unfortunately those most requiring shelters have not the necessary ground suitable for a shelter.

Visits.

The Dispensary nurses made a total of 2,523 visits, including 554 first visits, and the Medical Officer paid 156 visits.

The visits have been paid to both Pulmonary and Non-Pulmonary cases, e.g., glandular and joint cases. Advice, both verbal and printed, is given, and particulars obtained. Where defects are found in the houses, they are reported to the Sanitary Inspector.

After-Care.

After-care visitation has been carried out as far as possible by the two Dispensary nurses. During the early part of the year, whilst the Insurance Committee was still responsible for Sanatorium Benefit, reports were made to this Committee. Since then no other Committee has been appointed to deal with this work. The nurses, however, continue re-visiting and do all they can to encourage the patients in their fight against Tuberculosis.

Additional Nourishment.

Ex-Service men suffering from Tuberculosis due to Service, in need of additional nourishment, obtain this from the Pensions Committee on the recommendation of the Tuberculosis Officer.

The Health Committee grant milk to necessitous cases apart from the above, under the arrangements made by the Ministry of Health. They can do so to a sum not exceeding £2 per annum per 1,000 of the population, and are thus enabled to carry on the grant of additional nourishment formerly made by the Insurance Committee. Now, however, all persons, whether insured or non-insured, can have this benefit. At present 30 are receiving $1\frac{1}{2}$ pints of milk per day.

APPENDIX II.

REPORT

ON THE

City Isolation Hospital and Sanatorium for year 1921.

By S. SCOTT, M.C., M.B., B.S., D.P.H.

The Leicester City Isolation Hospital and Sanatorium is situated on the Groby Road about one mile from the outskirts of the city.

The Isolation Hospital buildings were erected 22 years ago, whilst the Sanatorium portion was added in 1915 and has accommodation for 72 patients. Two of the blocks in the Isolation Hospital are also utilised for Tuberculosis, one constantly and the other when the number of fever patients in the Hospital permits, the smallpox hospital in Anstey Lane—a quarter of a mile away—is utilised for early cases of Tuberculosis in children.

A small block with accommodation for 15 infants has been utilised since 1919 for the reception of sick infants needing hospital treatment, this being a definite part of the Maternity and Child Welfare Scheme, the cost of maintenance being charged to the Maternity and Child Welfare account, parents contributing a small sum, when circumstances allow, to the cost of their treatment whilst in hospital.

Early in the year under review, the two new verandahs which had been added to Block 5 were completed, increasing our accommodation for Tuberculosis by 12 beds. These verandahs are a very great advantage as they enable patients to be treated in the open night and day.

The total available accommodation of the combined institution as allocated at present is:

Tuberculosis in Adults	...	...	104
Tuberculosis in Children	...	...	48
Tuberculosis (surgical)	...	...	30
Infectious Diseases	...	...	118
Sick Infants	...	...	15
Total	...	...	315

The Infectious Diseases treated are Scarlet Fever, Diphtheria, Typhoid Fever, Cerebro Spinal Fever, and occasionally in special cases Measles, Erysipelas, Chicken Pox, Whooping Cough, Encephalitis Lethargica, etc.

The number of new cases admitted during the year 1921 was as follows:--

Tuberculosis (Adults)	390	
Tuberculosis (Children)	157	
	—	547
Sick Infants	96	
Scarlet Fever	472	
Diphtheria	274	
Typhoid Fever	20	
Erysipelas	7	
Cerebro Spinal Fever	6	
Other Infectious Diseases	9	
	—	884
		—
Total		1431
		—

This total is considerably less than that for the preceding year, which was 1,822, and this is largely accounted for by the decrease in both Scarlet Fever and Diphtheria.

Scarlet Fever.

472 cases were admitted during the year, this being a decrease of about 200 upon the figure for the previous year, and slightly larger than for the few years preceding that.

In addition to Wards 1 and 2, Ward 4 had to be opened for about 6 weeks in November and December to cope with the number of cases requiring admission.

Scarlet Fever still continues to be of a very mild type and *only one death* occurred out of 472 cases, giving a case mortality of .2 per cent. (compared with an average of .5 in the previous four years) the death in this case occurring in a young infant, seriously ill on admission, in whose ear acute inflammation had occurred and who, though operated on, subsequently died.

Average duration of stay in hospital, 44 days.

Diphtheria.

274 cases of this disease were admitted during the year, showing a large decrease upon the figures for 1920 which were 413.

Of these, 24 proved fatal, giving a case mortality of 8.7 as compared with an average of 10.0 in the four previous years.

The disease on the whole was of a moderately severe type, 16 cases requiring operation for laryngeal obstruction, and several others were profoundly septic on admission so that 6 died within 24 hours of coming in.

Of the cases operated on 10 were intubated only, 2 were intubated and subsequently required Tracheotomy, 4 had Tracheotomy performed only. All of the 10 Intubation cases recovered, 3 of the 6 cases requiring Tracheotomy recovered.

Several of the cases had to have Intubation performed more than once, in all 26 operations were performed; the record of those intubated is particularly good, as we did not have a single death amongst them, and helps to show the advantage of Intubation over Tracheotomy as a hospital practice in the treatment of Laryngeal Diphtheria.

The average duration of stay in hospital was 32 days.

During the year a trial was given to Ordinary and Detoxicated K.L.B. Vaccine in the treatment of cases which did not "clear up" in the customary time. 20 cases were treated altogether, 11 of these had Detoxicated K.L.B. Vaccine, 7 had ordinary K.L.B. Vaccine and 2 had injections of both.

42 injections of Detox. K.L.B. Vaccine were given.

31 ,, ,, Ordinary ,, ,, ,, ,,

This gives an average of 3.5 doses per case.

19 cases cleared up, 1 case after 12 doses in increasing dosage was still positive at the end of it.

One does not wish to be too sanguine, but sufficient success has been obtained to warrant its use in these cases in future.

Typhoid Fever.

20 cases of Typhoid Fever were admitted during the year of which one proved fatal, this being a case where the ulcer

perforated the bowel. Laparotomy was at once performed and the perforation stitched up, but peritonitis supervened.

All these cases were admitted during the latter 6 months of the year and necessitated opening one of the large wards for their reception. One patient was in hospital for 17 weeks, during 7 of which he ran a continuously high temperature and eventually recovered. The majority of the cases were of a mild type.

Cerebro Spinal Fever.

6 cases of this disease were admitted, of which 5 proved fatal. Many of these cases were admitted too late for the recognised treatment—viz., repeated lumbar puncture and the injection of anti-meningococcal serum—to be of any avail.

Other Diseases.

7 cases of Erysipelas, 4 of Measles, 2 of Puerperal Septicæmia, 2 of Whooping Cough and 1 of Chicken Pox, were admitted for special reasons; all recovered and the cases call for no special comment.

Ward for Sick Infants.

During the year 96 babies were admitted of whom 23 died, the average duration of stay being 35 days. The reasons for admission are as follows:—

(1)	Gastritis, Enteritis, etc.	...	...	...	30
(2)	Wasting, Malnutrition, Marasmus	...	...	...	29
(3)	Bronchitis and Broncho Pneumonia	...	...	...	12
(4)	Rickets	...	...	...	5
(5)	T.B. Peritonitis	...	...	...	5
(6)	Other Diseases	...	...	...	4
(7)	Domestic reasons	...	...	...	11

(Mother ill or in hospital.)

During August and September the ward was reserved for Enteritis cases.

73 cases were discharged; 37 of these were cured or greatly improved, 22 were improved, and 13 showed no improvement.

The certified causes of death of those babies that died were:—
Marasmus 9, Infective Enteritis 7, Infantile Diarrhoea 2,
Broncho Pneumonia 2, T.B. Peritonitis 1, Meningitis 1,
Convulsions 1.

The cases for admission are selected by the Medical Officer in charge of Maternity and Child Welfare work, and the deciding factor is whether the child can be properly looked after at home or not. Treatment in hospital is carried out by the Resident Medical Officers who render a weekly return to the Medical Officer for Maternity and Child Welfare informing her as to the number of vacancies and progress of the sick babies. As soon as a case is fit for discharge the Maternity and Child Welfare Medical Officer is notified so that the home circumstances may be investigated before the baby is discharged. The majority of the babies admitted come from a very bad environment, are inherently feeble and lack stamina, so the returns, looked at from a statistical point of view, are poor; but it is considered that the work being done in this Ward is valuable and should be continued, even though the results may sometimes seem discouraging. There is a charge for admission of 7s. per week but in necessitous cases this is partly or wholly remitted, this being settled by the Special Necessitous Maternity Case Sub-Committee.

Tuberculosis.

547 Tuberculosis cases were admitted during the year of which 157 were children. The patients were in all stages of the disease, but advanced and bed-ridden cases are treated in separate wards from the early cases.

A large number of cases in which the disease was advanced could not hope to derive much benefit from treatment, but much was achieved in making them comfortable, educating them in the disposal of the sputum, etc., lightening the burden upon the family at home, and decreasing the danger of their infecting others.

The number of Ex-Service men admitted in whom the disease was attributable to active service has decreased greatly. There were 39 of such cases under treatment at the beginning of the year, 65 were admitted during the year, and

there were only 6 remaining at the end of the year. This decrease is, of course, to be expected as we get further away from the war.

Ex-Service men in receipt of a pension on account of Tuberculosis are sent at the instance of the Pensions Committee, and are paid for by the Ministry of Pensions.

35 cases which are included in the above total were sent by the Leicestershire County Council, who, by arrangement, have 15 beds allocated to them.

Patients are not now sent to the Sanatorium by the Poor Law Authorities.

During the year in review 10 cases of Surgical Tuberculosis were admitted for Open Air treatment; these were all cases in which proper treatment could not be carried out under their ordinary home conditions; these cases varied a good deal, some were hopeful, and others in which the disease was advanced were not; most of them are still with us, and several in whom improvement is possible, are doing remarkably well, one or two have been triumphs for the Open Air treatment of "Surgical" Tuberculosis. It is hoped in the future to extend this branch of Sanatorium treatment, the Ministry of Health having now sanctioned 30 beds being allocated for these cases.

Medical Aspect.

In the blocks for advanced cases treatment is carried out largely on sympathetic lines, and as there is little hope of effecting any permanent benefit the chief object is to make them as happy and contented as possible.

In the Sanatorium proper a regular routine is adhered to which includes vigorous open-air treatment, rest, good feeding and graduated exercises. A Physical Exercise Instructor (Mr. A. Freer), attends twice a week for the purpose of instructing the patients in breathing and physical exercises.

In each block a senior and more responsible patient is appointed as "Captain" whose duty it is to see that the other patients adhere to this routine, to preside at meals, and act as spokesman.

Tuberculin.

Treatment by tuberculin has proved disappointing and the unwillingness of patients to receive this treatment is now so pronounced that only a few cases were treated by this method during the year; no pronounced benefit was noticed.

Proposed Training Scheme.

The Ministry of Health have erected some Army Huts during the year in the Hospital grounds, these being adapted to provide accommodation for 20 patients, together with workshops, mess and recreation rooms and quarters for Instructors.

It is intended that Ex-Soldiers from any part of the country suffering from healed or very early Tuberculosis shall be taught a trade which, together with their pensions, will enable them to earn a livelihood; Ex-Service men from Leicester will be given preference as to admission.

Hospital Laboratory.

During the year the following specimens have been examined by the Medical Officers:

				Positive.	Negative.
Diphtheria (throat swabs)	...	1023		219	804
Typhoid (blood)	...	39		11	28
Tuberculosis (sputum)	...	369		228	141
Urine	...	45			
Cerebro Spinal Fluid	...	3		3	
Vaginal Smears	...	2			
Total				1481	

Of the above, 377 of the suspected diphtheria swabs and 25 of the suspected typhoid specimens were sent in by medical practitioners in the city.

Most of the urine testing is done on the wards and the figure 45 does not by any means represent the number of urines tested.

Medical Staff.

The Resident Medical Officers for the greater part of the year were Drs. F. G. Foster and S. Scott. In November Dr. F. G. Foster left to take up a Public Health appointment in Birkenhead and was succeeded in the Senior Post by Dr. S. Scott, Dr. A. L. Robinson being appointed to the Junior Post.

Dr. F. G. Foster was deservedly popular, both with patients and staff, and his departure was regretted by all.

Other Staff.

One of our laundry maids (L. Goacher), was taken suddenly ill in November, she was removed to the Royal Infirmary where she was operated upon but unfortunately did not recover.

The health of the nursing and domestic staff has otherwise been good, one nurse contracted measles and made an uneventful recovery.

In October our Ambulance Driver (D. Johnson), resigned his post and was succeeded in his duties by J. Williams.

Dispensing.

This is still done by the Resident Medical Officers with the capable help of the clerk (Mrs. E. Adams), who gives out medical stores, dressings, thermometers, etc.

Chaplains.

The Rev. F. O. Scott (C. of E.), Rev. G. Wellbourne (N.C.), and Father Holland (R.C.), attend the Institution regularly, and their ministrations are much appreciated by the patients and staff.

TABLE A.
Number of Patients Admitted, Discharged and Died during 1921.

DISEASE.	Remaining 31st December, 1920.	Admitted during Year	Discharged during Year.	Died during Year.	Remaining 31st December, 1921.
Scarlet Fever ...	86	472	487	1	70
Diphtheria ...	29	274	250	24	29
Enteric Fever ...	1	20	17	1	3
Measles ...	0	4	4	0	0
Cerebro-Spinal Fever ...	0	6	1	4	1
Other Diseases ...	1	12	12	1	0
Sick Infants ...	10	96	72	23	11
Tuberculosis:—					
Insured ...	51	242	207	28	58
“Class Y” * ...	13	35	37	0	11
Non-insured ...	18	48	46	6	14
Children ...	48	157	159	3	43
Poor-law adults ...	0	0	0	0	0
Poor-law children ...	0	0	0	0	0
Discharged Soldiers ...	39+	65	86	12	6+
	—169	—547	—535	—49	—132
TOTAL ...	206	1431	1378	103	246

* “Class Y” implies insured patients not belonging to Leicester, chiefly patients sent by Leicestershire County Council.

† Not all these cases were attributable to war service.

‡ All attributable to war service.

TABLE B
Patient Days

			For 12 months ending Dec. 31st, 1921.	For 12 months ending March 31st, 1922.
Scarlet Fever ...	...	...	20658	18247
Diphtheria ...	...	...	8920	8480
Enteric Fever ...	...	...	1108	1189
Measles ...	...	...	113	79
Erysipelas ...	...	...	160	132
Cerebro-spinal Fever ...	...	...	75	121
Other Infectious Diseases	...	...	131	132
Tuberculosis :—				
Insured ...	...	...	22516	23113
Discharged Soldiers . .	...	...	8629	5733
Non-insured ...	...	...	5906	5133
Children ...	...	...	18511	18489
Surgical Cases	...	...	...	612
" Class Y " †	...	...	4655	4793
Sick Infants	...	...	3391	3379
			94773	89632

SUMMARY.

Infectious Diseases	...	...	31165	28380
Tuberculosis ...	...	...	60217	57873
Sick Infants ...	...	...	3391	3379
Total	...	...	94773	89632

† Insured, but not belonging to Leicester, chiefly County patients.

TABLE C. City of Leicester.
ISOLATION HOSPITAL AND SANATORIUM.

**Receipts and Payments during two years ending
31st March, 1922.**

PAYMENTS.	Year 1920-21.			Year 1921-22.		
	£	s.	d.	£	s.	d.
Salaries and Wages	5938	3	7	6056	16	1
Meat	2455	4	11	1556	5	1
Other Provisions	6469	17	10	5313	19	3
Furniture, Fittings and Domestic Utensils	358	13	1	386	5	7
Bedclothing, Towelling, &c. ...	500	8	1	404	14	11
Fuel, Light and Water	5067	17	6	4909	9	4
Rates, Insurance and Telephone	1033	3	9	1183	19	5
Alterations and Repairs	2104	5	5	1323	9	11
Horsehire, Horsekeep and Ambulance	1237	17	2	265	15	9
Drugs and Medical Appliances...	1284	19	10	1126	13	11
Advertising, Printing and Stationery	98	0	7	56	0	8
Grounds: Gardeners' Wages. Materials, &c.	964	0	7	928	19	9
Cleaning Materials	338	2	6	350	18	9
Sundries	280	4	3	308	1	2
Total Payments	28130	19	1	24171	9	7
Less Sale of Produce and Mis- cellaneous Receipts	531	3	4	420	16	2
Net Payments for Maintenance	27599	15	9	23750	13	5
Ditto, per Patient Day	0	5	6	0	5	0
RECEIPTS FOR MAINTENANCE.						
Consumptive Patients (Leicester Board of Guardians)	287	15	9	1085	1	0
Ditto (Leicestershire County Council)	1457	7	10	1321	13	1
Ditto (Insurance Committees) ...	3665	19	2	979	15	2
Babies (Transfer from Maternity and Child Welfare Account)	1525	6	5	1232	13	1
Other Patients	202	9	3	40	1	6
Government Grant towards cost of Treatment of Tuberculosis	5001	0	0	12349	0	0
Total Receipts for Maintenance	12139	18	5	17008	3	10
Net cost (excluding Loan Charges)	£ 15459	17	4	6742	9	7
No. of Patient days	100,065			94,773		

W. PENN-LEWIS.

City Treasurer.

April, 1922.

APPENDIX III.

REPORT OF PUBLIC ANALYST

For the Year 1921.

CORPORATION BUILDINGS,
HORSEFAIR STREET,
LEICESTER.

THE CHAIRMAN AND MEMBERS OF THE SANITARY COMMITTEE.

GENTLEMEN,

In submitting to you my Report as Public Analyst under the Sale of Foods and Drugs Act, for the year 1921, I beg to observe that the work has been of the usual character.

392 samples have been examined, and milk supply being a principal food factor has received considerable attention. The sale of milk to the public tends increasingly to be made by large distributors. The practice of adding preservatives has apparently died out.

The recent movement to ensure a pure and wholesome milk supply of the highest grade has emphasised the fact that, not only should the purchaser be guarded against adulteration, but that he should be certain of receiving an article of the nature and character demanded.

Under present conditions this is a difficult matter to guarantee as it is undoubtedly in the milk sheds where the most effective action can be taken, and as the City authorities have little or no control over the country dairies, I venture to suggest that it would conduce to a better supply if some action could be taken of a *non-penal* character to furnish the farmer with information as to how many of his milks failed to reach a proper standard in regard to cleanliness and bacterial condition.

During 1921 there was an apparent improvement in the cleanliness of the samples of milk received, whilst the general

chemical character of the samples examined was that of average milk of good quality.

Foods mainly were submitted for Analysis, and few samples of drugs were received.

No samples were taken under the Public Health Acts.

The results of Analyses of Water Supply and of Sewage Effluents have been reported to the respective Committees.

I am, Gentlemen,

Yours obediently,

S. F. BURFORD, F.I.C.

TABLE A.
Summary showing Samples taken and submitted for Analysis during 1921.

Nature of Samples.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total for Year.	
	Samples taken.	Found Adulterated.	Samples taken.	Found Adulterated.	Samples taken.	Found Adulterated.	Samples taken.	Found Adulterated.	Samples taken.	Found Adulterated.
Milk (New) ...	85	4	87	7	50	1	48	...	270	12
Flour ...	12	...	...	...	...	...	...	...	12	...
Coffee ...	6	...	...	...	...	...	12	...	18	...
Butter ...	8	...	...	...	6	...	...	...	14	...
Pepper ...	8	...	...	...	...	...	...	...	8	...
Bread ...	8	...	...	...	8	...	...	...	16	...
Ale ...	...	...	6	...	...	...	...	...	6	...
Brown Sugar ...	...	...	6	...	...	...	...	...	6	...
Lard ...	...	...	6	...	6	...	6	...	18	...
Mustard ...	...	...	...	...	...	...	6	2	6	2
Sweetmeats ...	...	...	...	...	...	...	12	...	12	...
Mixtures, as per prescription ...	...	...	...	...	...	...	6	...	6	...
Total ...	127	4	105	7	70	1	90	2	392	14

Of the total samples, 6 samples of coffee, 14 of butter, 8 of pepper, 16 of bread, 12 of lard, 6 of mustard, and 12 of sweetmeats were taken informally.

TABLE B.
Particulars of Adulterated Samples in 1921.

No. of Sample.	Nature of Sample.	Nature and Amount of Adulteration.	Action Taken and Remarks.	
70	New Milk	9 per cent. of added water	Prosecuted.	Fined £5.
86	"	10 per cent. deficient in fat	"	" 10s.
100	"	12 " of added water	"	" £1.
104	"	4 "	Cautioned by Committee.	
146	"	4 "	"	" "
155	"	4 "	"	" "
194	"	{ 12 "	No action.	Connected with Nos. 206, 207 and 208.
199	"	{ 12 "		
206	"	26 "	Prosecuted.	Fined £5.
207	"	8 "		
208	"	7 "	Cautioned by Committee. No action.	
239	"	7 "		
317	Mustard	Contained wheat starch ...	"	
318	"	" rice starch ...		

APPENDIX IV.

Summary of Report of Chief Inspector,

FRANCIS BRALEY.

STATEMENT A.

Showing the work done by the Sanitary Staff during the year 1921.

	No. of Visits.
Systematic House to House Inspection ...	6,671
Investigations of Complaints ...	15,653
Visits to ascertain the progress of Sanitary and Informal Orders ...	22,855
Visits in connection with Infectious Diseases ..	4,064
Visits to Common Lodging Houses ...	395
Visits to Bakehouses ...	520
Visits to Canal Boats ...	58
Visits to Workshops ...	259
Visits to Factories ...	148
Visits to Dairies and Milk Shops ...	1,314
Visits to Cowsheds ...	116
Other visits ...	2,512
	<u>54,565</u>
Samples of Food, &c., purchased for Analysis under Adulteration Acts ...	392
Observations for the purpose of Smoke Prevention ...	1,016
Stacks reported for Smoke Nuisance ...	9
Filthy Houses reported to Medical Officer of Health ...	162
Dilapidated Houses ..	255
Prosecutions under the Public Health and Local Acts ...	5
Letters received ...	2,061
Letters sent out from the Offices ...	5,919
Drains Tested (Smoke and Fluid) ...	962

Orders issued :—Formal 433, Informal 3,066.

In connection with the 6,671 houses inspected, 662 Informal notices were served to cleanse filthy houses and 246 Formals (on certificate of M.O.H.).

STATEMENT B.

In connection with the Inspection of Factories and Workshops,
74 Sanitary defects were found, and Formal and Informal
Notices served.

STATEMENT C.

The quantity of Meat, &c., condemned by the Inspectors of
Foods during the year 1921 was as follows:—

						Tons.	Cwts.	Qrs.	Lbs.
Meat	...	...	...	...	...	34	15	1	19
Fish	...	...	...	...	...	45	1	1	12
Fruit	...	...	...	...	...	2	14	3	7
Vegetables ..	...	...	...	...	.	1	10	0	16

						No
Rabbits	...	...	...	...	...	7,479
Preserved Foods	...	...	...	...	...	19,703
Poultry	...	...	...	...	...	206
Eggs	...	...	...	...	...	3,266
Game	...	...	...	...	...	116

APPENDIX V.

SUMMARY OF REPORT
OF
INSPECTORS OF FOOD.

The amount of food voluntarily surrendered or seized is given in Statement C in the Chief Inspector's Report.

The number of carcasses destroyed during the year for tuberculosis was as follows:—

Whole carcasses—Cows	...	...	23
.. .. Bullocks	...	...	1
.. .. Pigs	...	...	4
.. .. Veal	...	...	1
Total			29
Forequarters of Beef	...	...	2

In addition to the above, 19cwt. 2qrs. 26lbs. of offals were destroyed on account of localised tuberculosis.

If this total be compared with the previous report it will show a marked decrease. This is accounted for by the fact that there is such a small quantity of home-fed cattle being killed and the great preponderance of the sale of imported meat.

There are 29 cowsheds within the City boundary and there are 281 cows housed therein. On the basis of each cow yielding 2½ gals. of milk per day the quantity of milk produced in the City is about 5 per cent. of that consumed, assuming that each inhabitant has ½ pint daily.

There has been 1 private slaughter-house closed during the year.

MARTIN TYLDESLEY
FREDERICK SOWERBUTTS,
Inspectors of Food.

CITY OF LEICESTER.

CANCER.

A serious increase in the number of sufferers from Cancer in Leicester and other large towns having occurred within recent years, the Health Committee have thought it desirable that the following information relative to this disease should be made known:

There is no reason to fear that cancer is contagious. Although many alleged "cures" have been announced, there are none which have so far substantiated the claims made for them. Treatment by radium or X-rays, though hopeful, is still in the experimental stage. The disease begins as a small localised substance or growth in some part of the body. It grows, slowly or rapidly, spreads to surrounding tissues, and sooner or later secondary growths occur.

In the early or localised stage it is often quite possible for cancer to be completely removed by a surgical operation, but once the disease has begun to spread, the chances of complete removal are slight. Very many cases are found to have got beyond the curable stage when the sufferers first apply for treatment. In this disease immediate action is imperative, and delay is disastrous. Everything depends, therefore, upon early resort to skilled medical advice, recognition of the disease, an early operation and prompt treatment.

C. K. MILLARD, M.D.

Medical Officer of Health.

Health Department,
Town Hall, Leicester.

N.B.—A leaflet containing further particulars and describing some of the early symptoms of cancer can be

obtained on application at the Health Department or from any of the Health Visitors. Application by post must be accompanied by stamp for postage.

CITY OF LEICESTER.

CANCER.

Special Notice to the Public.

The following leaflet is issued because so many persons die from Cancer whose lives could be saved if they acted upon the advice here offered.

The importance of this subject to the Public is shewn by the fact that of all deaths of persons over 40 years of age, one in nine is from Cancer.

Issued by the
HEALTH DEPARTMENT, LEICESTER.

CANCER.

It is vitally important that the following facts about Cancer should be known.

It is now an established fact that of the number of persons who die each year from Cancer many could have been cured if they had applied earlier for medical advice. On questioning patients as to why they did not apply to a doctor earlier, the reason almost invariably given is that, as the early symptoms were unaccompanied by pain, it was not thought that anything serious was the matter.

In order, therefore, to call the attention of the public to the significance of certain symptoms, and to the vital importance of acting promptly on the occurrence of these, it has been decided to make the following facts public.

Practically, the only cure for Cancer at present known is its early and complete removal. Its destruction by X-rays or radium, though hopeful, is still in the experimental stage. Cancer, if removed early enough, has been proved conclusively to be a curable disease. If neglected, and not dealt with in its earliest stages, it is almost invariably fatal. The

paramount importance of its early recognition and early removal is therefore evident. For this purpose the assistance both of the public and the medical profession is requisite; and a grave responsibility rests on both. It is only by their mutual co-operation that the ravages of this terrible disease can be lessened. The following information is of vital importance to the public. It is no exaggeration to say that, if acted upon, the result would be the saving annually of many lives which at present are sacrificed.

1.—Cancer, in its early and curable stage, may give rise to no pain or feeling of ill-health.

2.—Nevertheless, in the commonest situations, the symptoms of Cancer in its early stage are generally manifest.

3.—If any swelling occurs in the breast of a woman, especially after 40 years of age, a medical practitioner should at once be consulted. A large proportion of such swellings are Cancer.

4.—If any bleeding, however trivial, occurs *after* the change of life it generally means Cancer, and Cancer which is then curable. If neglected till pain occurs, it means Cancer which is almost always incurable.

5.—If any irregular bleeding occurs at the change of life it should always be submitted to a doctor's investigation. It is not the natural method of the onset of the change of life, and in a certain number of cases means commencing Cancer.

6.—If any wart or sore occurs spontaneously on the lower lip in a man over 45 years of age it is almost certainly Cancer. If removed at once the cure is fairly certain: if neglected the result is inevitably fatal.

7.—If any sore or swelling occurs on the tongue or inside of the mouth in a man after 45 years of age it should be submitted to medical investigation without a moment's delay. It may be necessary to decide by expert microscopical examination as to whether it is Cancer or not. A very large proportion of such sores or swellings occurring at this time of life are Cancer, and if neglected for only a few weeks the result is too often fatal. If removed at once the prospect of cure is good.

8.—If any bleeding occurs from the bowels after 45 years of age (often supposed by the public to be "piles") it should be submitted to investigation at once. A large proportion of such cases are Cancer, which at this stage is curable.

9.—When warts, moles, or other growths on the skin are exposed to constant irritation they should be immediately removed. A large number of them, if neglected, terminate in Cancer.

10.—Avoid irritation of the tongue and inside of the cheek by broken jagged teeth, and of the lower lip by clay pipes. Many of these and other local irritations, if neglected, terminate in Cancer.

APPENDIX VII.

STATISTICAL TABLES.

TABLE 1.
MUNICIPAL WARDS. VITAL STATISTICS, 1921.

WARD. (1)	No. of Inhabited Tenements July, 1921. (2)	Population. Census, 1921. (3)	No. of Persons per Tenement Census, 1921. (4)	Births. (5)	Deaths. (6)	Deaths under 1 year. (7)
1. St. Martin's	573	2304	4.02	46	47	7
2. Newton	2158	8973	4.15	234	140	24
3. St. Margaret's	3132	13130	4.19	337	215	52
4. Wyggeston	3565	15494	4.34	496	262	56
5. Latimer	3815	17704	4.64	459	205	43
6. Charnwood	1994	8349	4.18	173	95	12
7. Wycliffe	2799	10234	4.00	292	140	9
8. De Montfort	1683	7329	4.35	93	74	11
9. The Castle	3152	13320	4.22	340	183	24
10. Westcotes	6038	24467	4.05	404	235	24
11. The Abbey	4643	21415	4.61	516	238	45
12. Belgrave	3901	16906	4.33	323	238	39
13. West Humberstone	4341	19460	4.68	473	210	30
14. Spinnery Hill	5758	24354	4.22	457	250	28
15. Knighton	4173	16272	3.89	224	163	12
16. Aylestone	2698	12626	4.68	230	137	22

TABLE 2.

MUNICIPAL WARDS. VITAL STATISTICS, 1921.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Diarrhœa rate.	Phthisis rate.	Average Phthisis rate last 10 years.
1. St. Martin's	19.9	20.4	152	0.0	0.0	2.6	1.34
2. Newton ...	26.0	15.6	102	0.6	0.3	2.1	1.77
3. St. Margaret's	25.6	16.3	154	0.7	0.5	1.8	1.87
4. Wyggeston	32.0	16.9	112	0.7	0.1	1.5	1.77
5. Latimer ...	25.9	11.5	93	0.5	0.0	1.5	1.55
6. Charnwood	20.7	11.3	69	0.5	0.0	0.8	1.46
7. Wycliffe ...	28.5	13.6	30	0.3	0.0	0.9	1.19
8. De Montfort	12.6	10.0	118	0.2	0.1	1.0	0.76
9. The Castle	25.5	13.7	70	0.5	0.1	1.2	1.11
10. Westcotes	16.5	9.6	59	0.7	0.0	0.6	0.99
11. The Abbey	24.0	11.1	87	0.7	0.2	1.4	1.22
12. Belgrave ...	19.1	14.0	120	1.0	0.1	1.1	1.11
13. West Humberstone	24.3	10.7	63	0.3	0.0	1.4	1.52
14. Spinney Hill	18.7	10.2	61	0.5	0.1	0.8	0.92
15. Knighton ...	13.7	10.0	53	0.3	0.0	0.4	0.60
16. Aylestone ...	18.2	10.8	95	0.3	0.0	0.9	0.87

TABLE 3. MUNICIPAL WARDS.

Average Rates for Five Years, 1917-1921.

WARD. (1)	Average Rates.		
	Death-rate. (2)	Birth-rate. (3)	Infant Mortality. (4)
1. St. Martin's ...	17·4	16·8	155
2. Newton ...	16·6	17·7	129
3. St. Margaret's ...	15·3	20·7	137
4. Wyggeston ...	19·2	26·1	147
5. Latimer ...	13·2	22·3	98
6. Charnwood ...	13·1	16·8	91
7. Wycliffe ...	15·6	21·5	60
8. De Montfort...	13·0	11·1	114
9. The Castle ...	14·2	21·4	79
10. Westcotes ...	10·3	13·8	75
11. The Abbey ...	10·9	19·4	87
12. Belgrave ...	12·8	16·7	105
13. West Humberstone ..	13·5	20·4	90
14. Spinney Hill...	10·9	15·2	75
15. Knighton ...	9·7	11·7	52
16. Aylestone ...	11·2	17·2	100
Whole Borough ...	12·28	21·76	85·9

TABLE 4.
Deaths in each Ward from all causes in 1921.

No.	WARD. (1)	Total all ages.						Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Other Zymotics.	Total.	Diarrhoea.	Phthisis.	Respiratory Diseases.	Developmental Disease.	Convulsions.	Total.
		0 to 1 year.	1 to 5.	5 to 60.	Over 60 years.	(5)	(8)						(14)						(20)
1.	St. Martin's...	7	1	18	21	47	...	...	...	...	...	...	...	...	6	5	34	2	47
"	Newton ...	24	8	58	50	140	...	...	2	1	...	3	6	3	19	21	90	1	134
"	St. Margaret's	52	9	80	74	215	...	...	2	...	...	6	10	7	25	39	131	3	205
"	Wyggeston ...	56	23	82	101	262	...	...	6	...	...	6	12	3	24	50	172	1	250
"	Latimer ...	43	16	76	70	205	...	...	4	3	...	2	10	1	27	37	126	4	195
"	Charnwood ...	12	5	28	50	95	...	...	1	2	...	2	5	...	7	13	70	...	90
"	Wycliffe ...	9	...	52	81	142	...	...	...	...	...	4	4	1	10	16	111	...	138
"	De Montfort	11	2	26	35	74	...	...	...	1	...	1	2	1	8	8	55	...	72
"	The Castle ..	24	3	74	82	183	...	...	...	4	...	3	7	2	17	23	131	3	176
"	Westcotes ...	24	5	88	118	235	...	...	3	...	...	15	18	...	16	36	164	1	217
"	The Abbey ...	45	10	102	81	238	...	1	3	5	1	6	16	5	31	35	147	4	222
"	Belgrave ...	39	17	72	110	238	...	...	6	1	1	6	17	2	20	37	160	2	221
"	West Humberstone...	30	15	103	105	253	...	...	3	1	...	3	7	...	28	34	183	1	246
"	Spinney Hill	28	8	96	118	250	...	...	2	6	...	6	14	3	20	33	179	1	236
"	Knighton ...	12	2	63	86	163	...	...	...	2	...	3	5	1	8	14	134	1	158
"	Aylestone ...	22	6	44	65	137	...	...	1	2	...	...	4	1	12	24	96	...	133
Infirmary ..		19	15	170	51	255	...	1	...	1	...	8	10	1	2	36	206	...	245
Poor Law Infirmary ...		25	12	92	254	383	...	...	1	...	...	1	2	...	22	35	324	...	381
Union Workhouse ...		...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	2	...	2
Borough Asylum ...		...	...	20	23	43	...	...	...	...	...	...	...	...	...	5	38	...	43
Isolation Hospital		26	8	67	...	101	...	...	...	22	1	3	26	...	48	...	27	...	75

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and (except in the case of the Workhouse and Asylum) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the Poor Law Infirmary, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 5.

**Showing Number of Deaths from Tubercular Diseases
in Leicester in past years.**

Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1901	271	127	80	38	351	165
1902*	272	127	86	40	358	168
1903	266	123	111	51	377	175
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915	325	143	76	33	401	177
1916	306	135	67	29	373	165
1917	343	157	78	35	421	193
1918	316	145	82	37	398	182
1919	264	111	62	26	326	138
1920†	255	107	72	30	327	138
1921	278	116	73	30	351	147

* The rates for the years 1902-10 have been revised in the light of the 1911 Census.

† The rate for the year 1920 has been revised in the light of the 1921 Census

TABLE 6.

Age and Sex Distribution of Deaths from Phthisis in 1921.

Age Period.	Males.	Females.	Total.
0 to 5 ...	3	1	4
5 „ 10 ...	...	..	...
10 „ 20 ...	12	30	42
20 „ 30 ...	25	44	69
30 „ 40 ...	31	36	67
40 „ 50 ...	32	21	53
50 „ 60 ...	17	8	25
60 „ 70 ...	10	4	14
70 „ 80 ...	2	2	4
Over 80 ...	...	...	...
Total ...	132	146	278

Occupations of Persons Dying from Phthisis in 1921.

	M.	F.		M.	F.
SHOE TRADE:					
Finishers ...	8	...	Army Pensioners ...	8	..
Clicker ...	1	...	Boxmakers ..	2	1
Rivetter ...	...	...	Porter ...	1	...
Pressmen ...	2	..	Upholsterer: ...	2	...
Machinists ...	...	6	Licensed Victualler ...	1	...
Various ...	16	10	Teacher ...	...	1
			Chemist ..	1	...
Total in Shoes ...	27	16	Cutlers ...	2	...
			Shop Assistants ...	...	2
Hosiery Trade* ...	13	28	Warehousemen ...	2	...
Labourers ...	11	...	Various ...	5	1
Clerks ...	2	3	Occupations not stated		
Tailoring Trade ...	2	2	(includes Married		
Vanmen ..	6	...	Women, Widows,		
Elastic Web Weavers	2	...	Children, and		
Stokers ...	3	..	Persons of no		
Engineers ...	9	...	occupation) ..	28	92
Painters ...	3	...			
Hairdressers ...	2	...	Total ...	132	146

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included for in the case of deaths of married women and widows, only the husband's occupation is registered.

TABLE 7.

Showing the number of Notification Certificates for and number of Deaths from the Principal Zymotic Diseases for the seven years, 1915-1921.

DISEASE.	1915.		1916.		1917.		1918.		1919.		1920.		1921.	
	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.	Notifica- tions.	Deaths.
Scarlet Fever	332	2	647	2	573	3	583	5	579	2	946	2	714	1
Diphtheria	156	27	115	11	128	18	154	15	272	30	471	41	324	28
Enteric Fever	13	2	9	2	3	2	34	4	30	3	15	3	27	2
Erysipelas	338	18	154	7	114	5	101	1	131	6	127	0	84	5
Puerperal Fever	25	12	16	5	4	0	6	6	11	4	18	8	21	6
Phthisis	901	325	730	306	655	343	746	316	658	264	572	255	497	278
Other Forms	159	76	134	67	98	78	82	82	47	62	59	72	105	73
Ophthalmia	61	0	67	0	66	0	51	0	101	0	101	0	87	0
Cerebro-Spinal Fever	5	2	7	7	4	2	2	1	4	8	7	6	4	3
Acute Poliomyelitis	4	2	3	1	5	1	3	1	3	2	4	0	2	1
Encephalitis														
Lethargica														
Pneumonia	...	...	...	...	...	...	...	...	...	...	9	6	10	5
Malaria	...	...	...	...	...	...	...	...	...	...	131	225	138	207
Dysentery	...	...	...	...	...	...	...	...	...	...	34	1	15	0
Measles	...	...	...	...	...	...	...	...	...	...	5	0	1	0
Whooping Cough	...	73	3807	140	4572	98	1686	59	262	1	0	83	...	7
	...	19	38	38	...	33	...	34	...	11	...	23	...	33
Total	1994	558	5689	586	6232	583	3448	524	2098	393	2499	725	2029	649

TABLE 8.
Vital Statistics of whole District during 1921 and previous years. City of Leicester.

YEAR. (1)	Population estimated to middle of each year, revised in light of 1911 Census. (2)	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un- corrected Number. (3)	Nett. Number. (4)	Rate. (5)	Number. (6)	Rate. (7)	Of Non- residents registered in the District. (8)	Of Resi- dents not registered in the District. (9)	Under 1 Year of Age.		At all Ages.	
									Number. (10)	Rate per 1000 Nett Births. (11)		Number. (12)	Rate. (13)
1915	232,664	4832	4851	20.84	3363		195	217	596	122.8	3385	14.98
1916	225,907		4684	20.73	3110		176	159	491	104.8	3093	13.69
1917	217,537	3710	3688	16.95	3020	13.88	234	161	388	105.0	2948	13.54
1918	217,537	3286	3246	14.92	3981	18.30	277	179	351	108.1	3883	17.84
1919	236,059	3811	3774	15.34	3098	13.12	241	226	370	98.0	3083	13.06
1920	245,465	5934	5905	24.05	2535	10.32	173	512	528	89.4	2874	11.70
1921	234,190	5074	5097	21.42	2527	10.79	182	532	438	85.9	2877	12.09
Total population at all ages		...	...	...	234,190	Area of District in acres (exclusive of area covered by water)						
Number of inhabited houses		...	...	...	54,423	...						
Average number of persons per house		...	...	...	4.30	...						
												8,582

NOTE.—This Table has been filled in in accordance with the instructions given on the form supplied by the Ministry of Health.

TABLE 9. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1921.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths Under 1 Year
All Causes Certified.	121	25	18	16	180	92	75	57	34	438
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles	...	1	...	...	1	...	...	3	1	5
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping-cough	...	...	...	...	...	4	6	1	4	15
Diphtheria and Croup	...	...	...	...	...	...	1	1	1	3
Erysipelas	...	...	...	...	...	1	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	2	...	1	3
Abdominal Tuberculosis	...	...	...	...	...	...	1	...	...	1
Other Tuberculous Diseases	1	...	...	1	2	2	...	1	1	6
Meningitis (<i>not Tuberculous</i>)	...	1	...	...	1	...	...	5	1	7
Convulsions	4	1	...	2	7	5	6	3	...	21
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	...	1	2	9	6	4	1	22
Pneumonia (all forms)	1	...	1	...	2	5	8	19	11	45
Diarrhoea	1	1	1	...	3	7	6	7	3	26
Enteritis	...	1	3	2	6	19	14	6	4	49
Gastritis	...	...	...	...	...	1	1	1	...	3
Syphilis	...	...	2	...	2	1	2	1	...	6
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	2	2	...	...	4	2	1	...	...	7
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	4	2	1	...	7	2	...	...	...	9
Congenital Malformations	6	3	...	1	10	3	2	1	1	17
Premature Birth	77	8	7	6	98	7	...	...	...	105
Atrophy, Debility and Marasmus	19	3	2	2	26	19	8	3	2	58
Other Causes	6	1	1	1	9	5	11	1	3	29

Nett Births in the Year { legitimate, 4,788.
illegitimate, 309.

Nett Deaths in the Year of { legitimate infants, 406.
illegitimate infants, 32.

TABLE 10. VENEREAL DISEASE.

Annual Statement showing services rendered at the Leicester Royal Infirmary during the Year ending on the 31st December, 1921.

County or City.	No. of Attendances at Out-Patient Clinic.		Aggregate No. of "In-Patient Days."		No. of Doses of Salvarsan Substitutes used in Treatment Centre.		No. of Examinations of Pathological Material made at Treatment Centre.		
							*S.	*G.	*W. *O.
	M.	F.	M.	F.	M.	F.			
County ...	2294	983	885	633	743	397	24	268	418
	3277		1518		1140				
							4	58	404
							1267		
City ...	8498	4233	828	1523	1544	1280	84	1145	996
	12731		2351		2824				
							20	595	1465
							4637		
Total ...	16,008		3,869		3,964		5,904		

*S = For detection of spirochetes. *G = For detection of gonococci. *W = For Wassermann reaction. *O = Other tests.
In addition to Syphilis and Gonorrhoea the above figures include a few cases which were found to be not suffering from venereal disease.

TABLE 11.

LEICESTER ROYAL INFIRMARY.

Return relating to persons residing in the County or City of Leicester who were treated during the Year ending on the 31st December, 1921.

Number of persons dealt with at or in connection with the out-patient Clinic for the first time and found to be:—				
	Males.		Females.	
	T.	C.	T.	C.
Suffering from syphilis ...	168	80	208	36
" " soft chancre ...	...	...	...	...
" " gonorrhœa ...	198	56	45	4
Not suffering from venereal disease ...	2	1	3	...
TOTAL	368	137	256	40
Total attendances of all persons at the out-patient Clinic who were:—				
Suffering from syphilis ...	3875	1260	3211	828
" " soft chancre ...	...	...	...	...
" " gonorrhœa ...	4621	1033	989	155
Not found to be suffering from venereal disease ...	2	1	3	..
TOTAL	8498	2294	4233	983
Aggregate number of "In-patient days" of treatment given to persons suffering from:—				
Syphilis ...	580	753	1013	487
Gonorrhœa ...	248	123	295	96
S. and G. ...	...	9	57	...
Negative ...	...	...	158	50
TOTAL	828	885	1523	633
Number of persons treated with Salvarsan substitutes ...	468	213	319	102
Number of doses of Salvarsan substitutes given ...	T. 2822	C. 1140		
Examinations of Pathological material:—				
Specimens from persons attending at the Treatment Centre which were examined at this Centre:—	Number.			
For detection of spirochetes ...	T.	C.		
" " gonococci ...	104	...	28	
" " Wassermann reaction ...	1740	...	326	
Others ...	2461	...	822	
	332	...	91	
TOTAL	4637	...	1267	
N.B. T Town (City). C—County.				

N.B. T—Town (City). C—County.

TABLE 12.
VENEREAL DISEASE.

Return relating to all persons who were treated at the Treatment Centre at the Leicester Royal Infirmary during the year ended the 31st December, 1921.

	Syphilis.		Gonorrhœa.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1.—Number of persons who on the 1st January, 1921, were under treatment or observation for	312	234	361	58	...	...	673	292
2.—Number of persons dealt with during the year at the out-patient Clinic <i>for the first time</i> and found to be suffering from—								
Syphilis only	248	244	...	...	...	...	248	244
Gonorrhœa only	...	...	254	49	...	...	254	49
Syphilis and Gonorrhœa ...	...	...	...	...	...	...	...	...
Conditions other than Venereal	...	...	...	...	3	3	3	3
Total—Item 2	248	244	254	49	3	3	505	296
Total—Items 1 and 2 ...	560	478	615	107	3	3	1178	588
3.—Number of persons who ceased to attend the out-patient Clinic								
(a) before completing a course of treatment for	87	60	68	17	...	...	155	77
(b) after completion of a course of treatment, but before final tests as to cure of	71	59	91	24	...	...	162	83
4.—Number of persons transferred to other treatment Centres after treatment for ...	2	25	1	10	...	...	3	35
5.—Number of persons discharged from the out-patient Clinic after completion of treatment and observation for ...	27	76	70	14	...	...	97	90
6.—Number of persons who, on the 1st January, 1922, were under treatment or observation for	373	258	385	42	3	3	761	303
Total—Items 3, 4, 5 and 6	560	478	615	107	3	3	1178	588
7.—Total attendances of all persons at the out-patient Clinic who were suffering from	5135	4069	5654	1144	3	3	10792	5216
8.—Aggregate number of "In-patient days" of treatment given to persons who were suffering from	1333	1604	371	495	9	57	1713	2156
9.—Examinations of Pathological material:— Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	For detection of					For Wassermann Reaction.		
	Spirochetes.		Gonococci.		Other Organisms.			
	132		2066		423	3283		

N.B.—The above return includes all patients whether from City, County, or elsewhere.

TABLE 13.
Cancer Statistics for past Twenty-seven Years.

YEAR	40 to 60 Years				Over 60 Years				Total of Cancer Deaths, all ages		Cancer Death-rate per 100,000 of Population	Cancer Deaths per cent. of total deaths
	Males		Females		Males		Females					
	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths				
1895	14	5.9	38	16.0	12	3.2	35	8.5	29	81	57	3.3
1896	18	8.0	39	16.1	14	4.7	23	5.8	33	69	52	3.1
1897	19	8.4	55	21.5	28	7.8	36	9.2	51	102	77	4.4
1898	24	9.7	31	15.2	23	6.2	29	7.1	50	66	57	3.3
1899	20	7.5	35	13.5	39	9.1	35	7.4	62	77	67	3.7
1900	25	8.1	41	13.8	24	5.9	33	7.2	57	83	67	3.7
1901	26	9.9	46	18.4	24	6.2	48	10.8	54	107	75	4.8
1902	21	8.0	51	19.9	39	9.8	43	9.9	63	108	79	5.3
1903	31	12.4	47	20.1	29	7.6	62	13.9	70	122	89	6.2
1904	35	12.2	43	16.4	51	11.3	63	12.4	94	119	98	6.5
1905	24	9.6	52	20.7	45	10.7	52	10.9	71	109	82	5.8
1906	22	7.4	34	15.9	40	9.8	55	11.8	69	99	76	5.0
1907	28	10.5	64	23.5	41	8.0	52	11.1	73	126	89	6.6
1908	29	9.5	50	20.2	53	12.2	60	11.5	90	124	95	6.8
1909	30	9.9	33	12.2	39	8.5	74	11.9	80	115	86	6.1
1910	43	15.2	42	16.6	44	10.5	53	11.0	94	106	88	7.1
1911	27	10.5	67	25.0	50	10.9	78	13.4	80	156	103	7.7
1912	30	9.1	60	21.1	53	10.2	60	10.7	86	140	98	7.2
1913	43	12.8	57	20.5	68	12.6	62	11.4	118	134	109	8.1
1914	40	11.6	61	19.9	78	13.1	70	11.7	123	146	115	8.1
1915	30	8.1	49	16.0	63	10.1	62	10.3	99	120	94	6.4
1916	43	13.0	50	17.9	54	9.2	66	10.2	98	130	100	7.3
1917	—	—	(Figures not extracted in 1917 and 1918)						—	—	109	—
1918	—	—	54	18.8	65	10.5	78	11.1	129	180	131	—
1919	39	12.2	53	21.2	60	11.8	86	14.4	108	141	108	8.0
1920	39	13.2	71	27.5	69	11.5	101	15.5	104	153	104	8.9
1921	43	14.2							119	188	129	10.6

TABLE 14.

**List of Registered Midwives practising in Leicester.
(January, 1922).**

MARY ALEXANDER	...	7,567	...	46 Willow Bridge St.
† ELIZA BLYTH	...	2,760	...	13 Fairfield Street
PRISCILLA CHAMBERS	...	2,906	...	31 Upper Charles St.
† * BEATRICE COLEMAN	...	36,726	...	16 Westbourne St.
† * LIZZIE A. COF	...	23,568	...	117 Wand Street
* JEMIMA DAWKINS	...	36,754	...	1 Pool Road
MARY ANN FREER	...	406	...	52 Marjorie Street
* GERTRUDE GARDNER	...		...	11 Prebend Street
FANNY GAWTHORNE	...	30,974	..	45 Aylestone Road
* SARAH HARRATT	...	33,745	...	121 Cooper Street
† * MATILDA HILL	...	28,009	...	37 Denmark Road
DOROTHY HILL	...		...	37 Denmark Road
* LOUISA S. HICKS	...	37,583	...	52 St. Nicholas St.
MIRIAM HOWSAM	...	5,223	...	90 Sylvan Street
* A. A. HUNT	...	25,486	...	166 Charnwood Street
* ADA HUTCHINS	...	33,774	...	133 Brandon Street
† * ADELAIDE INGHAM	...	41,739	...	238 Belgrave Gate
MARY J. LAPPAGE	...	7,772	...	9 Dunton Street
* ANNIE LAUGHTON	...	11,389	...	236 Clarendon Pk. Rd.
† * EMILY MATHER	...		...	40 Mill Hill
† * J. McCAULL	...		...	21 Coventry Street
† * LUCY A. NOON	...	30,688	...	1 Spence Street
CHARLOTTE MARCH	...	1,039	...	180 Grasmere Street
† * MARIA PILSWORTH	...	36,784	...	52 St. Nicholas St.
† * FRANCES A. POTTER	...		...	21 Coventry Street
† * ELEANOR STANION	...	43,923	...	44 Stuart Street
* EDITH E. K. SIMISTER	...	28,446	..	36 Wood Hill
* MARY SMITH	...	55,034	...	44 Stuart Street
EMMA WALKER	...	4,333	...	11 Abbey Park Rd.
† * ANNIE WHINNETT	...		...	40 Mill Hill
† * GRACE E. BRAMLEY	...		...	90 Pool Road
Total ... 31.				

* Holds Certificate of Central Midwives' Board.

† Holds Certificate of London Obstetrical Society.

‡ Trained at Maternity Hospital, Causeway Lane.

TABLE 15.
MATERNITY HOME, WESTCOTES DRIVE.

**Clinical Return as called for by the Ministry of Health
for the year 1921.**

1. Total number of cases admitted—339.
2. Number delivered by midwives—268.
3. Number delivered by doctors engaged—19.
4. Number of cases in which medical aid was sought by midwives—87.
5.

(a)	Ante-natal	...	...	...	...	6
(b)	During labour	...	...	...	...	53
(c)	After labour	...	...	...	...	26
(d)	For infant	...	...	...	...	5
6. Number of cases notified as puerperal sepsis, with result of treatment in each case—8.
 All recovered except one. This case, at first apparently a slight one, later developed serious symptoms and was removed to the Royal Infirmary where she died. This outbreak necessitated the Home being closed for a fortnight, during which time patients who had booked for admission were accommodated by special arrangement at private maternity homes. It was specially investigated by a Medical Inspector of the Ministry of Health.
7. Number of cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate—12.
8. Number of cases notified as ophthalmia neonatorum with result of treatment in each case—6
 All with the exception of one case cleared up with frequent bathing of boracic lotion, and Collosol Argentum instilled 4 hourly. The other case was advised to attend the Royal Infirmary as she refused to stay longer in the Home. The patient, however, only attended once and left the City—Result unknown.
9. Number of cases of slight inflammation of the eyes—4.

10. Number of infants not entirely breast-fed while in the Home, with reasons why they were not breast-fed—28.

Insufficient secretion	...	...	...	27
Slight inflammation of left breast	...			1
Total	...	...	...	28

11. Number of maternal deaths with causes.—1.
(See answer to No. 6.) Death actually occurred at Royal Infirmary.

12. Number of fœtal deaths (still-born or within 10 days of birth), and their causes, and the result of the post-mortem examination, if obtained:

Seven months pregnancies	...	...	13
Instrumental deliveries	...	...	3
Version performed	...	...	3
Died on 16th day	...	...	1
(Post-mortem showed large thyroid gland)			
Total	...	...	20

TABLE 16.
POPULATION OF LEICESTER, 1912-1920.

Revised in the light of the 1921 Census.

The 1921 census having revealed the fact that the population of Leicester, as estimated by the Registrar General, had been over-estimated, it is desirable to revise the population figures for the inter-censal years.

The mid-year population of the census year 1911 was 227,634, whilst the mid-year population in 1921 was 237,900 showing an increase of population in the ten years of 10,266. (The mid-year (estimated) population of the two census years is taken rather than the actual census figures, because the census of 1921, being taken during the holiday season, was estimated by the Registrar General to be 3,710 below the true population.)

The actual rate of increase during the inter-censal period no doubt fluctuated, but for practical purposes we may add one-tenth of the actual inter-censal increase for each year. On this basis we find the revised population figures to be as follows:—

	Old Estimate.		Revised Estimate.
1912	229,294	...	228,661
1913	230,970	...	229,687
1914	232,664	...	230,714
1915			
1916	(225,907)	} War Years.*	
1917	(217,537)		
1918	(217,537)		
1919	236,059	...	235,847
1920	245,465	...	236,873

It will be noticed that only in the year 1920 was there any appreciable discrepancy.

* Many thousands of men absent on active service.

TABLE (16a).
MUNICIPAL WARDS. CENSUS RETURNS, 1911 and 1921.
No. of Inhabited Tenements and Population.

WARD.	No. of Inhabited Tenements Census, 1911	No. of Inhabited Tenements Census 1921	Difference in No. of Inhabited Tenements	Population Census, 1911	Population Census, 1921	Difference in Population
1. St. Martin's	603	587	- 16	2702	2304	- 398
2. Newton ...	2206	2168	- 38	9272	8973	- 299
3. St. Margaret's	3097	3141	+ 44	13254	13130	- 124
4. Wyggeston	3383	3550	+ 167	14592	15494	+ 902
5. Latimer ...	3691	3820	+ 129	17126	17704	+ 578
6. Charnwood	1959	1976	+ 17	8464	8349	- 115
7. Wycliffe ...	2721	2786	+ 65	11712	11200	- 512
8. De Montfort	1691	1738	+ 47	7458	7329	- 129
9. The Castle	3137	3175	+ 38	13644	13320	- 324
10. Westcotes	5578	6070	+ 492	23553	24467	+ 914
11. The Abbey	4435	4648	+ 213	20700	21415	+ 715
12. Belgrave ...	3700	3968	+ 268	16075	16906	+ 831
13. West Humberstone	3934	4339	+ 405	18632	20347	+ 1715
14. Spinney Hill	5359	5781	+ 422	23714	24354	+ 640
15. Knighton...	3553	4190	+ 637	14932	16272	+ 1340
16. Aylestone...	2434	2720	+ 286	11392	12626	+ 1234

TABLE 17.

LEICESTER CITY.

Showing estimated Population, Marriage-rates, Birth-rates,
and Death-rates (General and Zymotic) per 1000 living
during the last 76 years, 1846-1921.

Year.	Estimated Population.	Marriage Rate.	Birth Rate.	Death Rate.	Zymotic (Death) Rate.	Infant Mortality.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1846	55,707	21.00	39.72	29.48	8.11	
1847	56,696	18.80	35.36	25.69	4.12	
1848	57,705	20.86	34.71	25.77	5.87	
1849	58,736	21.58	36.96	28.73	7.05	
1850	59,788	24.04	37.45	23.64	4.13	
1851	60,760	21.11	40.11	25.57	5.48	
1852	61,467	22.96	38.83	28.84	8.42	
1853	62,181	22.90	36.71	27.02	5.45	
1854	62,903	20.40	39.06	25.11	6.65	
1855	63,624	19.14	36.16	23.55	2.87	
1856	64,366	20.02	37.32	21.16	3.10	
1857	65,119	20.60	37.48	27.58	8.19	
1858	65,835	19.14	34.54	28.76	8.07	
1859	66,663	22.56	37.77	24.59	4.99	
1860	67,456	19.80	38.05	20.47	1.27	
1861	68,638	18.58	37.01	25.25	5.71	
1862	70,986	21.30	38.07	23.38	3.01	
1863	73,413	25.74	40.00	29.95	7.96	
1864	75,922	25.68	41.01	26.96	5.41	
1865	78,516	25.38	41.09	25.02	5.20	208.9
1866	81,197	24.94	42.02	23.33	3.37	205.1
1867	83,970	22.18	41.66	24.59	4.31	226.2
1868	86,837	22.62	41.32	28.15	7.88	256.6
1869	89,804	21.12	41.87	25.60	5.10	229.0
1870	92,873	21.22	40.90	27.33	7.24	235.2
1871	95,823	23.06	41.55	26.07	5.83	252.4
1872	98,251	23.90	42.36	26.95	8.23	231.3
1873	100,741	24.00	44.14	23.83	5.05	208.4
1874	103,294	20.90	42.34	24.29	3.83	222.6
1875	105,913	22.36	40.31	27.28	6.56	242.0
1876	108,599	22.64	44.02	23.58	5.26	199.9
1877	111,355	21.24	42.68	23.48	3.21	188.7
1878	114,182	19.38	41.85	21.89	4.18	205.2
1879	117,083	19.48	40.11	22.64	3.06	187.3
1880	120,059	19.60	40.04	24.73	6.48	220.1
1881	123,146	18.66	38.26	21.55	4.45	204.8
1882	126,275	19.02	38.46	20.04	3.23	194.4
1883	129,483	18.64	37.26	19.18	2.56	190.7

TABLE 17—Continued.

Year. (2)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1884	132,773	17.34	36.53	22.12	4.20	233.5
1885	136,147	16.36	34.39	19.39	3.32	193.5
1886	139,606	17.46	34.80	19.62	2.81	216.5
1887	143,153	16.60	32.79	19.10	3.05	215.8
1888	146,790	15.48	32.79	18.16	2.45	204.7
1889	150,520	16.08	31.82	16.63	2.30	209.6
1890	154,344	16.52	30.44	17.79	2.18	203.7
1891*	177,353†	19.16	33.58	21.22	3.39	214.5
1892‡	180,550	16.71	32.21	18.00	2.57	197.7
1893	183,900	15.85	32.65	19.72	3.56	220.4
1894	187,250	16.70	32.01	14.57	1.93	161.9
1895	190,600	16.41	31.28	17.41	3.01	206.6
1896	194,100	17.52	32.00	16.88	2.98	185.7
1897	197,600	16.78	31.63	17.98	1.97	206.0
1898	201,250	17.78	30.56	17.29	3.41	191.1
1899	204,900	17.58	30.61	18.18	3.41	196.0
1900	208,600	17.30	29.75	17.87	3.60	174.1
1901	212,498	17.17	29.03	15.71	2.31	178.0
1902§	213,974	16.36	29.50	14.82	1.56	153.3
1903	215,461	16.56	27.93	14.22	1.48	161.3
1904	216,958	17.00	27.56	15.05	2.01	161.1
1905	218,464	17.26	26.95	14.01	1.69	146.5
1906	219,980	16.16	26.66	15.18	2.46	166.2
1907	221,508	16.67	24.98	13.48	.96	130.1
1908	223,046	16.03	25.46	13.98	1.62	129.7
1909	224,595	15.75	24.18	14.03	1.37	126.6
1910	226,154	17.12	23.79	12.40	.76	126.3
1911	227,634	16.61	22.94	13.40	1.41	130.0
1912	229,294	16.36	22.59	13.59	.92	109.0
1913	230,970	16.46	22.85	13.36	.75	119.3
1914	232,664	16.75	22.10	14.10	1.13	119.9
1915	232,664	24.13	20.84	14.98	.54	122.8
1916	225,907	18.32	20.73	13.69	.85	104.8
1917	217,537	16.67	16.95	13.54	.70	105.0
1918	217,537	18.66	14.92	17.84	.58	108.1
1919	236,059	21.33	15.34	13.06	.29	98.0
1920||	236,874	23.53	24.92	12.13	.85	89.4
1921	237,900	20.0	21.42	12.09	.53	85.9

* All figures after 1891 refer to extended Borough.

† This is the Population of the extended Borough. The figures in the other columns for same year refer to the old Borough.

‡ The figures for the nine years, 1892—1900, have been revised on the basis of the 1901 Census.

§ The figures for the years 1902—1910, have been revised on the basis of the 1911 Census.

|| These figures have been revised on the basis of the 1921 Census.

TABLE OF DEATHS

FOR THE YEAR ENDING 31ST DECEMBER, 1921.

	0 to 1		Under 5		All Ages.		Total.
	M	F	M	F	M	F	
CLASS 1.							
SPECIFIC FEBRILE OR ZYMOTIC DISEASES.							
1.—Miasmatic Diseases.							
Measles	5	.....	5	1	6	1	7
Scarlet Fever ... ..	.....	.....	.....	.....	1	.....	1
Diphtheria	1	2	6	5	14	14	28
Whooping Cough	8	7	13	19	13	20	33
Eucephalitis Lethargica ... ..	.....	.....	.....	.....	4	1	5
Enteric or Typhoid Fever ... ..	.....	.....	.....	.....	1	1	2
Acute Poliomyelitis ... ..	.....	.....	1	.....	1	0	1
Cerebro Spinal Fever ... ..	.....	.....	.....	.....	1	2	3
Influenza	1	2	3	3	20	27	47
2.—Diarrhœal Diseases.							
Diarrhœa	16	10	17	11	18	12	30
3.—Malarial Diseases.							
4.—Zoogenous Diseases.							
5.—Venereal Diseases.							
Syphilis	2	4	3	4	6	10	16
6.—Septic Diseases.							
Erysipelas ... ..	.....	1	1	1	2	3	5
Pyæmia, Septicæmia ... ..	.....	.....	1	.....	4	4	8
Puerperal Fever ... ..	.....	.....	.....	.....	.....	6	6
	33	26	50	44	91	101	192
CLASS II.							
PARASITIC DISEASES.							
CLASS III.							
DIETIC DISEASES.							
Purpura and Scurvy ... ..	.....	.....	1	.....	1	.....	1
Alcoholism { a Del. Tremens ... ..	.....	.....	.....	.....	.....	.....	.....
{ b Intemperance ... ..	.....	.....	.....	.....	.....	.....	.....
	.....	.....	1	.....	1	.....	1
CLASS IV.							
CONSTITUTIONAL DISEASES.							
Rheumatic Fever ... ..	.....	.....	.....	.....	2	2	4
Rheumatism ... ..	.....	.....	.....	.....	2	8	10

DEATHS—continued.

	0 to 1		Under 5		All Ages.		Total.
	M	F	M	F	M	F	
Gout					119	188	307
Cancer, Malignant Disease							1
Rickets			1		1		13
Tabes Mesenterica	2	3	3	7	6	7	278
Phthisis			2	1	132	146	
Hydrocephalus and Tubercular Meningitis	3		10	3	19	12	31
Other forms of Tuberculosis	1	1	3	7	11	18	29
Anæmia, Chlorosis, Leucocythæmia					10	13	23
Diabetes					12	13	25
Other Constitutional Diseases							
CLASS V.	6	4	19	18	314	407	721
LOCAL DISEASES.							
1.—Diseases of Nervous System.							
Inflammation of Brain or Membranes	4	3	4	5	8	13	21
Apoplexy, Softening of Brain, Paralysis					84	100	184
Insanity, General Paralysis of Insane					6	3	9
Chorea							
Epilepsy				1	5	2	7
Convulsions	7	14	9	15	9	15	24
Disease of Spinal Cord, Paraplegia, Paralysis Agitans		1		1	37	29	66
Other Diseases of Nervous System					6	2	8
2.—Diseases of Organs of Circulation.							
Pericarditis and Endocarditis					17	13	30
Heart Disease	6	1	7	2	157	167	324
Aneurism					4	2	6
Embolism, Thrombosis					8	8	16
Other Diseases of Blood Vessels..						1	1
3.—Diseases of Respiratory Organs.							
Laryngitis				1		2	2
Bronchitis	12	10	18	13	100	95	195
Pleurisy					3	3	6
Pneumonia	24	21	40	30	114	93	207
Asthma and Emphysema					4	5	9
Croup			1		1		1
Other Diseases of Respiratory Organs					6	2	8
4.—Diseases of Digestive Organs.							
Gastritis	1	2	2	3	4	3	7
Other Diseases of Stomach	3		3	1	7	4	11
Enteritis	29	20	32	23	39	28	67
Peritonitis				1	5	3	8
Ascites							
Obstructive Diseases of Intestines		1	1	1	19	20	39

DEATHS—continued.

	0 to 1		Under 5		All Ages.		Total.
	M	F	M	F	M	F	
Pancreas Disease, &c.							
Cirrhosis of Liver			1		9	5	14
Jaundice, and other Diseases of Liver		1		1	1	2	3
5.—Diseases of Urinary Organs.							
Nephritis		1	1	1	34	20	54
Bright's Disease (Albuminuria)...					3	2	5
Diseases of Bladder or Prostate ...					19	1	20
Calculus (Stone)					1	6	7
Other Diseases of Urinary System					8	4	12
6.—Diseases of Reproductive System.							
<i>(a) Organs of Generation.</i>							
Female Organs						2	2
<i>(b) Of Parturition.</i>							
Abortion, Miscarriage							
Puerperal Convulsions						1	1
Placenta Prævia, Flooding						1	1
Other Accidents of Childbirth ...						6	6
7.—Diseases of Integumentary System.							
Phlegmon							
Uleer, Carbuncle		1		1	12	4	16
Other Diseases of Skin, &c. ...	1		1		6	1	7
8.—Diseases of Bones and Joints.							
Caries and Neerosis							
Arthritis, Ostitis, Periostitis ...					1	6	7
Other Diseases of Bones and Joints						2	2
9.—Diseases of Organs of Special Sense.							
Ear, Eye, Nose	1		1		3	1	4
10.—Diseases of Lymphatic System, &c.							
Lymphatics and Spleen							
Bronchoecle, Addison's Disease...							
	88	76	121	100	740	677	1417
CLASS VI.							
DEVELOPMENTAL DISEASES.							
Premature Birth	61	44	61	44	61	44	105
Atelectasis	9		9		9		9

DEATHS—continued.

	0 to 1		Under 5		All Ages.		Total.
	M	F	M	F	M	F	
Congenital Malformations	6	11	7	11	7	11	18
Teething	3	1	4	2	4	2	6
Atrophy, Inanition, Debility	37	21	38	21	38	21	59
Old Age					100	129	229
	116	77	119	78	219	207	426
CLASS VII.							
DEATHS FROM VIOLENCE.							
1.—Accidents or Negligence.							
Fracture and Contusions				1	15	11	26
Gunshot Wounds					2		2
Burns and Scalds	1		2	1	2	4	6
Poison					1		1
Drowning			1		7	1	8
Suffocation	4	6	5	6	7	6	13
Otherwise							
2.—Homicide.							
Murder							
3.—Suicide.							
					17	4	21
	5	6	8	8	51	26	77
CLASS VIII.							
DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.							
(e.g., Dropsy, Abscess, Tumour, Hæmorrhage, Mortification, Death from Natural Causes, &c.)	1		1	1	25	18	43
Class I.—Zymotic Diseases ...	33	26	50	44	91	101	192
„ II.—Parasitic Diseases ...							
„ III.—Dietic Diseases ...			1		1		1
„ IV.—Constitutional Diseases	6	4	19	18	314	407	721
„ V.—Local Diseases ...	88	76	121	100	740	677	1417
„ VI.—Developmental Diseases	116	77	119	78	219	207	426
„ VII.—Violent Deaths. ...	5	6	8	8	51	26	77
„ VIII.—Ill-Defined, &c. ...	1		1	1	25	18	43
	249	189	319	249	1441	1436	2877